

**FOSTER CARERS' PERCEPTIONS OF PLANNED RESPITE CARE AND THE
PERCEIVED PSYCHOSOCIAL EFFECTS FOR FOSTER CHILDREN**

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by Anna K Cooper

University of Canterbury

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Abstract

A qualitative study was carried out to explore foster carers' perceptions of respite care and their perceptions of the psychosocial effects of this service for the children in their care. In order to achieve this aim an Interpretative Phenomenological Analysis approach was utilised for data collection and analysis. This yielded six themes: carers' perceptions being influenced by variants of the respite care environment, respite care being beneficial and necessary, concerns about agency provision of respite, factors carers attribute as contributing to its psychosocial effects on foster children, the observed psychosocial effects on foster children, and ways respite care could be improved. An additional finding was also reported, as foster carers' views of fostering and their foster children appeared to be a modifying variable influencing carers' perceptions of respite care. These findings illustrated that there are differential effects of respite for carers compared with foster children in some cases, resulting in a tension between meeting carers' needs and the needs of the children in their care. Comparisons and corroboration of findings from existing literature is included in the discussion as well as the implications of these findings and future research directions.

Chapter 1: Introduction and Literature Review

The following chapter will provide a general overview of foster care, with more in-depth literature reviews provided in relevant topic areas to introduce the topic of the current thesis, inform the rationale for this study, and provide a context within which the findings that emerge can be understood. This will begin with an introduction to foster care, its history and evolution into its current form, and a depiction of foster care in a New Zealand context. This will be followed by a review of the literature regarding the burden of care experienced by foster carers and the characteristics of successful foster care. Finally, this chapter will review the literature pertaining to respite care, including the research concerning children with disabilities, as well as the limited research regarding respite care for foster children specifically.

Introduction to Foster Care

Foster care is an alternative form of care provided to children who are unable to remain with their parents or primary caregivers (Ministry of Social Development, 2004; Nutt, 2006). This provides these children with some sort of typical family life, while ensuring their safety (Ministry of Social Development, 2012; Nutt, 2006). Although foster care provides the ordinary experience of life within a family, it is also described as extraordinary, as this care is paid for and managed by the government, and provided by other adults who are often initially strangers to the child (Sinclair, Gibbs, & Wilson, 2004).

Foster carers, who were previously referred to as foster parents, take on the role of providing daily care for foster children. They ensure that the child's needs are met while undertaking a nurturing, emotional relationship (Nutt, 2006). However, fostering can be challenging as it involves a dual role of parental concern for foster children, alongside a professional responsibility for their care. Furthermore, fostering can be a difficult task as

caregivers often must deal with children's emotional and mental health concerns, alongside a range of challenging behaviours (Marquis, 2008; Strijker & Knorth, 2009; Vig, Chinitz, & Shulman, 2005). Therefore, the well-being of foster carers must be considered and addressed through the provision of appropriate support.

Foster children can differ considerably in terms of their experiences of care, their previous experiences, and their presenting concerns. However, a range of studies have suggested that children in foster care are particularly vulnerable to unfavourable outcomes. Children usually enter care after being subject to various adverse experiences, such as maltreatment, poverty or impaired parenting, all of which can negatively affect their well-being and development (Ajduković & Franz, 2005; Crosson-Tower, 2007; Harden, 2004; Marquis, 2008; Strijker & Knorth, 2009). In addition, many children enter care with mental or physical illness, or an existing disability (Chernoff, 1994; Crosson-Tower, 2007). Children in out-of-home care are additionally vulnerable considering the trauma of removal from their families, as well as the repeated instability of foster care placements or recurring attempts to return them to their birth parents in some cases (Harden, 2004; Rubin, O'Reilly, Luan, & Localio, 2007; Shireman, 2009; Sinclair, Baker, Wilson, & Gibbs, 2005a). Considering the vulnerability of these children, it is important that the practices employed at a societal level and within individual foster families are well researched and understood to promote optimal developmental outcomes and the alleviation of any difficulties.

History of Foster Care

Foster care as it is known today has emerged from historical arrangements for children requiring alternative care. In America during the 1700's it was common for children who had been abandoned, orphaned, or whose parents were unable to provide care, to be indentured to families where they would work and be trained up in the skills of a trade

(Hacsi, 1995). This was considered an effective method of providing relief to poor families and care to orphans, although the benefits were of an economic nature, rather than an emotional or psychological one. In the 19th century various religious organisations and charities established orphan asylums; however, the popularity of these institutions declined with increased concern and criticism regarding the well-being of these children (Crosson-Tower, 2007; Hacsi, 1995). This gave rise to 'placing-out' programs, where city children were sent to rural homes to be cared for as part of the family (Crosson-Tower, 2007; Hacsi, 1995). While this reflected an important perspective change regarding the care of children, problems arose as these placements were frequently found to be unsatisfactory, owing to the lack of screening of families, and limited contact between the agencies and these homes after placement. To lessen the likelihood of this occurring, 'boarding-out' became emphasised around the turn of the 20th century, where families received board payments to care for children (Hacsi, 1995). This more closely resembles modern foster care arrangements, as it aimed to ensure a suitable caregiving environment for these children.

From this time onwards foster care expanded, primarily due to the increased involvement of the government in child welfare and the developing research base in attachment theory. At this time fostering was believed to be rescuing children from 'bad' parents by placing them with another family (Hacsi, 1995; Nutt, 2006). By the mid 1900's the needs of children and the importance of a normal family life became more understood (Crosson-Tower, 2007; Nutt, 2006). It was acknowledged that foster care allowed children to bond to a maternal figure, meeting their emotional needs (Nutt, 2006). This resulted in greater support for foster care and decreased use of institutions, a trend which became increasingly apparent throughout the latter half of the 20th century (Crosson-Tower, 2007; Nutt, 2006; Sinclair et al., 2004; Wilson & Evetts, 2006). In addition, from the 1970s the concept of permanency planning arose, which emphasises that children who are unable to

remain in their family homes should be placed in a permanent foster family promptly (Hacsi, 1995). However, the idea of rescuing children from unsatisfactory parents as soon as possible, without much consideration for birth families, underwent scrutiny (Nutt, 2006). It began to be understood that reunification and preservation of birth families could be advantageous in some cases and this became more widely practised as one method in which a permanent arrangement could be achieved for the child (Crosson-Tower, 2007; Hacsi, 1995). A final change in the face of foster care was the increased utilisation of kinship care, where children are placed in the care of relatives who can maintain family and cultural connections (Crosson-Tower, 2007; Hacsi, 1995).

The Current Face of Foster Care

As previously described, foster care has evolved considerably over the years with the progress made in research and the corresponding changes in policy. This has resulted in a foster care system that focuses on providing care to children within a family environment when they are unable to reside with their biological families (Crosson-Tower, 2007). Nowadays, it is preferential for foster children to be placed in kinship care where possible, which involves placement with extended family rather than with unrelated foster carers. This has resulted from the increased recognition that the trauma experienced by children entering out-of-home care can be lessened when they are not completely removed from the family, alongside an emphasis on respecting children's familial and cultural backgrounds (Berrick, Barth, & Needell, 1994; Crosson-Tower, 2007). In addition, research has suggested that kinship placements may be more stable and have better outcomes for these children, although conversely there has been concern relating to a lesser quality of care in some homes (Crosson-Tower, 2007; Gleeson, 1999). If kinship placements are deemed inappropriate, or if there are none available, foster care is utilised as the next best arrangement.

Modern foster care emphasises its temporary nature where possible, avoiding the complete removal of children from their families to be placed with a substitute family (Nutt, 2006). Rather, foster care is described as “an extension of family support”, providing children with normal family experiences when their parents are unable to care for them. However, in cases when reunification with a child’s birth family is unsuitable or not possible, the concept of permanency planning indicates that a permanent placement should be arranged for the child to provide them with consistency, opportunities for healthy development, continuity of relationships, and a greater likelihood of attachment with foster parents (Crosson-Tower, 2007; Stott & Gustavsson, 2010; Tilbury, 2006). Thus foster care today is still described as providing a continuum of placement options, from short-term out-of-home care to permanent placements, depending on what is necessary for the child and their parents.

In recent years the role of foster carers has shifted towards a more professionalised caregiving role (Crosson-Tower, 2007; Nutt, 2006; Sinclair et al., 2004; Wilson & Evetts, 2006). This shift has involved the increasing recognition of foster carers playing an important part of the therapeutic team, contributing to the child’s treatment and the amelioration of their presenting difficulties (Crosson-Tower, 2007; Nutt, 2006). The professionalisation of carers’ roles also supports the idea of a partnership between birth parents and foster carers, which arose when the Children’s Act (1989) was passed into law in the United Kingdom (Sinclair et al., 2004; Wilson & Evetts, 2006). This document emphasised the enduring involvement of birth parents while their children are in care, including a responsibility to be involved in decision-making relating to the child’s life (Crosson-Tower, 2007; Nutt, 2006; Sinclair et al., 2004). This change has also been reflected in the change of terminology from ‘foster parents’ to ‘foster carers’, as they are no longer encouraged to assume the parental role completely (Nutt, 2006). However, this move towards professionalisation is an area of contention. On the one hand, it has been argued that

the care provided by a professional caregiver may differ from that of a parental figure. When cared for by a professional caregiver, children may be less likely to experience family belonging and an attachment with this caregiver, which may have detrimental effects on the well-being and developmental outcomes of these children (Nutt, 2006; Sinclair et al., 2004; Wilson & Evetts, 2006). This concern may be even more pronounced considering that professionalisation supports the payment of carers, and consequently some carers may undertake this role due to monetary incentives rather than altruistic motives (Nutt, 2006). Conversely, this professionalisation may be a way of responding to the increasingly challenging task of fostering, through providing carers with greater recognition and respect, and some financial compensation (Crosson-Tower, 2007; Nutt, 2006; Wilson & Evetts, 2006). This may encourage foster carers to become better trained and more dedicated to this role, enabling better care to be provided to these children. In addition, some carers' may be more inclined to foster if they no longer need additional employment.

Foster Care in New Zealand

In New Zealand, care and protection services are provided by the Ministry of Social Development to “ensure the safety, security and wellbeing of children and young people who have been maltreated, who are at risk of being maltreated, or whose behaviour is placing them or others at risk of harm” (Ministry of Social Development, 2012, p. 181). When there are serious concerns regarding children's safety in the home environment, they are removed from the care of their parents and placed in out-of-home care through Child, Youth and Family (CYF) (Ministry of Social Development, 2012). The preferred type of out-of-home care placement is kinship/whānau care; however, when this is not possible or appropriate these children are placed in CYF approved non-kin foster care, residential care, or care in an approved organisation (Child, Youth and Family, n.d.-b). As of December 2012, 3783

children were currently receiving some sort of out-of-home care. Although it is preferred, only 44% of these children were in kinship care placements, compared with 35% in placements with non-kin foster carers (Child, Youth and Family, 2010). A much lesser proportion of children were placed with an approved child and family organisation, which was reported as 13%, while only 1% of these children were in residential care placements (Child, Youth and Family, n.d.-b; Ministry of Social Development, 2012). In New Zealand, residential out-of-home care is viewed as a less desirable placement option, which is consistent with overseas trends in foster care. This is only utilised when no suitable placements are available in the community to manage the child or young person's complex needs, or when their behaviour puts other people or themselves at risk (Ministry of Social Development, 2012).

Child, Youth and Family demonstrates the concept of permanency planning through endeavouring to determine a place for each child to reside in where they can have a family to call their own (Child, Youth and Family, 2010). This may occur through reunification with their birth family, placement with extended family, or placement in a new family. Therefore, depending on the child and family's situation, the out-of-home placements provided by foster carers can vary. Respite care is one type of foster care that can be provided to both birth parents and foster carers (Child, Youth and Family, n.d.-b). This involves temporary, short term care that provides a break from caregiving. In some cases emergency, short-term or transitional care is utilised, which provides alternative care for a brief time period (Child, Youth and Family, 2007). This occurs when a family is unable to adequately care for their child, or when decisions are being made regarding the child's future care arrangements. Other foster carers may care for children for longer periods to provide birth families with an adequate opportunity to make the changes required for reunification. In cases where reunification is deemed unsuitable, permanency planning is achieved through 'home for life'

placements. These children are no longer considered to be in the care of CYF as their caregiver has taken on a lifelong commitment to care for them (Child, Youth and Family, 2010). This pathway has largely replaced adoption as it is now seen as unnecessary to completely remove the legal relationship between children and their birth parents. Carers who offer a home for life continue to be supported by CYF through the provision of information, some financial compensation, community support, services such as respite care, and assistance in coordinating any ongoing contact or involvement of birth families.

Foster carers in New Zealand are volunteers receiving allowances to cover the daily costs of child care, without receiving any monetary compensation (Child, Youth and Family, 2007, 2010; Ministry of Social Development, 2004). However, the possible professionalization of foster care, and consequent payment of caregivers, has been a topic of discussion within New Zealand, as it is overseas. A study carried out by Child, Youth and Family (2007) reported that a third of New Zealand caregivers supported a semi-professional foster carer status with “some financial recompense to caregivers for their skills and abilities”, while 18% supported the professionalization of this role with the provision of a full-time salary for their work (Child, Youth and Family, 2007, p. 5). Similar to findings described overseas, some caregivers proposed that professional foster care could result in carers with specialised skill sets who are able to focus solely on fostering without needing other employment. Conversely, other caregivers voiced concerns that unsuitable carers may foster primarily for financial benefits, which could cause greater harm for the children in their care.

Child, Youth and Family claims that foster carers in New Zealand receive support in the form of regular calls and visits from social workers, an advice phone line, the provision of training, and respite care if necessary (Child, Youth and Family, 2007, n.d.-a, n.d.-d). Despite this, a number of New Zealand carers describe unmet needs in terms of the support

and training they deem necessary for this challenging role (Child, Youth and Family, 2007; Murray, Tarren-Sweeney, & France, 2011). Services such as caregiver support groups, respite care and relevant and accessible training have been specified by some carers as lacking, despite their importance in ensuring carer well-being. In addition, all participants in the study by Murray and colleagues (2011) described a lack of support from children's social workers, in terms of communication regarding arrangements and important information; low availability; lack of respect and recognition of the carers role; and a lack of support with particular challenges faced. Thus, while support is provided to foster carers in New Zealand, it appears as though the carers generally feel that this is lacking to some extent, which has considerable implications for their well-being and capabilities to provide high-quality care.

Burden of Care

Caring for foster children can be an extremely challenging task and the difficulties faced are above and beyond what is typically experienced by parents (Berrick & Skivenes, 2012; Murray et al., 2011; Nutt, 2006). Foster carers must deal with the complex problems these children present with as well as a range of stressors that often arise when fostering. In addition, caring for these children can be demanding in terms of the practical and emotional commitment, all the while requiring considerable patience, understanding and unconditional love.

Commonly observed presenting problems in children in care. Prior to entering foster care, children have often been subjected to a range of adverse experiences that can influence their current well-being and presentation (Ajduković & Franz, 2005; Crosson-Tower, 2007; Harden, 2004; Marquis, 2008; Strijker & Knorth, 2009). These include maltreatment, disrupted attachment relationships, impaired caregiving, impoverished family environments and the loss of a parent through incarceration, abandonment or death.

These children have also experienced the trauma of removal from their families, and in many cases are subject to placement instability or recurring attempts of reunification with birth families once in out-of-home care (Harden, 2004; Rubin et al., 2007; Shireman, 2009; Sinclair et al., 2005a). Children who have been exposed to risk factors such as these have a tendency to develop behavioural, emotional and mental health problems, all of which intensify the challenges faced by foster carers and consequently increase the burden they experience (Strijker & Knorth, 2009; Vig et al., 2005).

Foster carers often report frustration with the difficult behaviours of the children in their care. In recent years this has become a more salient issue, as residential homes have been utilised less, resulting in those children with particularly challenging behaviours requiring care in foster families (Nutt, 2006; Sinclair et al., 2004). The behavioural problems frequently observed in foster child populations include disobedience, lying, aggression, low adaptability, hyperactivity, delinquency, rule-breaking and other difficult behaviours (Ajduković & Franz, 2005; Murray et al., 2011; Sinclair, Wilson, & Gibbs, 2005b; Tarren-Sweeney & Hazell, 2006). Foster carers also describe occurrences of verbal abuse towards themselves or their families, and stealing and destructiveness within their homes (Sinclair et al., 2004). In some cases, behavioural difficulties may be more extreme, including hiding or hoarding food; repetitive or self-stimulating behaviours; self-injury or suicidal tendencies; and age-inappropriate sexual behaviour (Simms, 2000; Sinclair et al., 2005b; Tarren-Sweeney & Hazell, 2006). These behavioural concerns are often most problematic at the beginning of a placement, and are reported to improve in the initial months (Barber & Delfabbro, 2005). Children in care also exhibit emotional difficulties, such as a lack of emotional regulation and unusual emotional lability (Anctil, McCubbin, O'Brien, & Pecora, 2007; Swire & Kavalier, 1977). Both the behavioural and emotional problems observed in populations of children in care are associated with greater adverse circumstances prior to

entering care; however, there has been some indication that these concerns may be more strongly associated with the stressors experienced during their foster care placements (Ajduković & Franz, 2005). These difficulties can be burdensome for foster carers, particularly when they are uncertain of how to deal with them, and when they have limited knowledge about the child's background (Murray et al., 2011; Sinclair et al., 2004).

Both internalising and externalising mental health difficulties are highly prevalent and severe in this population (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Burns et al., 2004; Garland et al., 2001; Greeson et al., 2011; Halfon, 1992; Sinclair et al., 2005(b); Swire & Kavalier, 1977). While reported prevalence rates have varied, one study found that 60% of 5-15 year old children in care were in the borderline or clinical range for mental ill health, compared to 20% of those in the general population (Sinclair et al., 2005b). However, the mental health difficulties of children in care are often difficult to conceptualise using current classification systems, as the clinical presentations are complex, atypical, and often do not fit within particular discrete categories as a consequence of the combination of adverse experiences they face (DeJong, 2010). Cognitive delays, attention problems and thought problems are also considerably more likely in foster child populations, although prevalence estimates have been variable (Altshuler & Gleeson, 1999; Anctil et al., 2007; Armsden et al., 2000; Tarren-Sweeney & Hazell, 2006).

Social and interpersonal relationship difficulties also appear to be characteristic of the clinical presentations of many of these children (DeJong, 2010; Tarren-Sweeney, 2013). These include poor social skills, wariness and lack of trust, and distorted attributions and other deficits in social cognition, all of which have a negative effect on their relationships with others. This may result in particular challenges for foster carers, as they may struggle to form relationships with their foster children.

Attachment difficulties are also common in children in care, which is not surprising considering the prevalence of exposure to maltreatment, their separation from their families, and in some cases placement instability (Harden, 2004; Marquis, 2008; McIntosh, 2006). These difficulties have been described in terms of two main patterns: compulsive self-reliance or aloofness, where children “show little affection and hide their emotions”; and a childlike attachment where children “seek attention and affection if necessary through misbehaviour or indiscriminate friendliness” (Sinclair et al., 2005b, p. 151). These observed patterns reflect the DSM-5 disorders of Reactive Attachment Disorder and Disinhibited Social Engagement Disorder respectively (American Psychiatric Association, 2013). The presence of these difficulties has considerable implications for the burden of care experienced, as children with these difficulties are likely to exhibit more severe behavioural and emotional problems, and hyperactivity (Strijker & Knorth, 2009). In addition, caring for children with attachment difficulties has been found to contribute to high levels of strain, resulting from feelings of disappointment and frustration, difficulties coping with these concerning behaviours, concern for the child’s future and later outcomes, lack of public understanding, and judgement from others (McDonald, 2011). These difficulties can also impact the carer-child relationship, as carers whose foster children seek constant attention can feel stifled and consequently try to be more disengaged to provide themselves with space, while those children who are self-reliant and detached may not develop close relationships or experience inclusion into the family (Sinclair et al., 2005a).

In summary, the current research on children in care indicates that these children may present with a vast range of behavioural, emotional and mental health difficulties. In many cases, these children’s difficulties are severe and their presentations are complex owing to their previous exposure to adverse experiences as well as ongoing instability and stressors.

Consequently, foster carers are likely to face considerable difficulties when caring for these children and experience challenges above and beyond that experienced by typical parents.

Challenges of caregiving. Aside from dealing with the range of difficulties foster children present with, foster carers also face additional challenges that contribute to the high burden of care they experience. For many foster carers the continued involvement of birth parents is challenging, particularly when experiencing aggressive or irresponsible behaviour, unreliability with arranged visitations, inappropriate amounts of contact and poor treatment of the child (Berrick & Skivenes, 2012; Farmer, Lipscombe, & Moyers, 2005; Nutt, 2006; Sinclair et al., 2005b). In addition, children's behaviour is often problematic before and after birth family contact, causing distress for foster families and contributing to a more difficult placement (Farmer et al., 2005; Hashim, 2009; Sinclair et al., 2005b).

Carers may also experience on-going daily difficulties such as issues with social workers and other professionals; required attendance at meetings or other bureaucratic events; destruction of property; and financial difficulties (Farmer et al., 2005; MacGregor, Rodger, Cummings, & Leschied, 2006; Murray et al., 2011; Sinclair et al., 2004). Many carers also describe making considerable sacrifices within their personal lives, such as forgoing social and leisure activities, or being unable to work in order to attend to their foster child's needs (Berrick & Skivenes, 2012; Sinclair et al., 2004). While some foster carers considered this to be worthwhile and in their child's best interests, others felt "they sacrificed too much" and believed respite care or other services should have been more available (Sinclair et al., 2004, p. 58).

Impact of fostering on the family. The available research also describes a burden on the whole family, as the inclusion of a foster child can increase stress, tension, disruptions and conflict (Seaberg & Harrigan, 1997; Wilson, Sinclair, & Gibbs, 2000). The biological

children of foster carers are often affected, as they generally receive less attention and time with parents, while having to deal with difficult foster child behaviours that directly affect them, such as stealing or bullying (Höjer, 2007; Sinclair et al., 2004; Younes, 2007). This has been reported to impact the behaviour and well-being of these children, while parents often report that their children demonstrated severe levels of stress when integrating a foster child into the family (Sinclair et al., 2004; Younes, 2007).

In contrast, fostering has also been reported to improve family functioning and enrich the lives of foster carers' own children as they learn about the difficulties other children may face, while becoming more empathetic, responsible, caring, appreciative, and willing to help (Höjer, 2007; Seaberg & Harrigan, 1997; Sinclair et al., 2004; Younes, 2007). Regardless of these potential benefits, fostering is likely to present a range of challenges for the whole family, and foster carers must work to maintain a balance between providing the necessary care for their foster children and ensuring the well-being of their own families (Nutt, 2006).

Impact of fostering on foster carers. Considering foster carers must deal with such an extensive range of stressors and challenges, it is not surprising that their mental health and well-being can be affected. Foster carers frequently endure high levels of stress, with one study reporting that 54% of the participating caregivers experienced stress in the borderline or clinical range on the Parental Stress Index (Morgan & Baron, 2011; Nutt, 2006; Sinclair et al., 2004). However, the stress experienced may depend in part on the extent of the child's challenging behaviour and the support caregivers receive (Farmer et al., 2005; Morgan & Baron, 2011).

The stress experienced by foster carers has significant implications for the quality of care foster children receive, as research has suggested that caregiving competence is affected by high levels of stress. Farmer and colleagues (2005) found that foster carers were less

sensitive and responsive in their parenting; were poorer at decision making and limit setting; provided opportunities for communication less frequently; and showed less long-term commitment when they had experienced intense strain prior to or during placement. These changes in caregiving quality were then found to impact the young people in their care, as shown by fewer reported improvements in well-being, and a greater likelihood that their other needs were unmet. Thus, this study indicates a possible cyclical pattern, as difficulties when fostering contribute to the stress experienced by foster carers, which consequently impacts their well-being and affects their abilities to care for these children and meet their needs. This impaired caregiving then affects children's well-being and may prevent improvements in their mental health and behaviour, which could further contribute to the stress experienced by these carers.

One way of intervening in this cycle is to provide foster carers with practical assistance and support. This could involve a number of things, such as training, foster carer support groups, support from social workers, provision of specific services such as respite care, and financial support (Sinclair et al., 2004). Foster carers have reported a high need for the provision of these formal supports; however, they also report that this need is relatively unmet in practice (Murray et al., 2011). This has considerable implications, as less than adequate provision of support can impact caregiver well-being as well as influencing the ability of caregivers to enhance and maintain the quality of care provided to their foster children (Adnopo, 2007; Farmer et al., 2005; Minty, 1999). As stated by Murray and colleagues, (2011, p.156) "to realize foster care's therapeutic potential, carers require intensive support and training, especially where the goal is to sustain long-term placements of children with attachment- and trauma-related difficulties." Thus, better provision of effective services and support should be prioritised to ensure good quality care, which will contribute to improvements in the well-being and mental health of foster children.

Characteristics of successful foster care

The experiences of children in foster care can vary considerably. For some children these experiences are positive and can promote their well-being, while for others these experiences may cause further harm contributing to a range of poor outcomes later in life (Baker, Gibbs, Lee, & Sinclair, 2007). Considering this, it is important that the characteristics of children's experiences in foster care that have a positive influence are well understood and promoted where possible to increase the likelihood of "successful placements" where the purposes of the placement and the child's needs are both met (Baker et al., 2007, p. 227). Within the research literature a number of these characteristics have been suggested, including stable placements, high-quality caregiving, caregiver commitment, a positive caregiver-child relationship, a sense of family belonging, and a nurturing, safe and reliable family environment.

Placement stability. A compelling array of research has indicated the importance of placement stability for children in care. These children, who are already vulnerable upon entering care, can have their development compromised further when experiencing placement disruptions and movement between foster homes (Harden, 2004). Unfortunately placement instability is not only harmful, but also considerably prevalent for children in foster care (Harden, 2004; Rubin et al., 2007; Sinclair et al., 2005a). In fact, one study has reported that approximately a third of children never achieve placement stability (Rubin et al., 2007), while another found that only 18% of foster children in their sample had been with the same carer for more than three years (Sinclair et al., 2005a). Placement instability appears more common for children with poor mental health and problematic behaviour (Barber, Delfabbro, & Cooper, 2001; Delfabbro & Barber, 2003; Fisher, Stoolmiller, Mannering, Takahashi, & Chamberlain, 2011; Newton, Litrownik, & Landsverk, 2000; Weiner, Leon, & Stiehl, 2011),

and appears less likely when experiencing high-quality placements and caregiving (Baker et al., 2007). There is also some evidence that providing effective services or interventions, such as respite care, high-quality training, support and treatment for children's difficulties, could decrease the rate of placement disruptions (Clark, Lee, Prange, & McDonald, 1996; Fisher et al., 2011; Meloy & Phillips, 2012; Weiner et al., 2011).

Research has described the negative impact of multiple placements on children's well-being and behavioural and mental health outcomes, which emphasises the importance of placement stability. While children with poor mental health or conduct problems are more likely to experience placement breakdowns, as previously discussed, studies have also found that placement instability further impacts children's mental health and behaviour (Delfabbro & Barber, 2003; Newton et al., 2000; Rubin et al., 2007; Tarren-Sweeney, 2008). In addition, foster children themselves have described movement between placements negatively, as they understandably find this unsettling, worrisome and devastating when separated from families they have grown close to (Baker et al., 2007). Considering the substantial proportion of foster children who experience placement disruptions, and the implications of this, it is important that placement stability is promoted through the practices used in child welfare settings and the services provided to foster carers.

High-quality caregiving. Different caregivers and their caregiving styles are unique, and this variability is a positive thing that should be appreciated. However, research suggests that there are some characteristics that are indicative of particularly high-quality foster care. Primarily, carers provide optimal care for their foster children when combining warmth, love and respect with clear expectations, structure, limit setting and fair consequences (Baker et al., 2007; Berrick & Skivenes, 2012). These characteristics resemble the approach described in the parenting literature as authoritative parenting, which is associated with a range of

positive outcomes in children in the general population (Baker et al., 2007; Rothrauff, Cooney, & Jeong Shin An, 2009). A number of additional skills have been described that are specific to foster care, including paying attention to children's experiences of integration into the family; addressing any developmental or special needs the child may have; and taking into account and respecting the child's relationship with both their foster family and birth family (Berrick & Skivenes, 2012). Within the context of foster care, another essential factor influencing the quality of care provided is the training and support available (Minty, 1999). As previously mentioned, this assists carers in managing the high burden of care, while equipping them to address any challenging aspects of foster care that are beyond what they would instinctively know as a parent.

Caregiver commitment. Commitment of a caregiver to an enduring relationship with a foster child is a specific characteristic of high-quality foster care that is important. Within the research literature caregiver commitment has been defined as “the extent to which a foster mother viewed the baby as her own while in her care, allowed herself to become emotionally invested in the child, committed physical or emotional resources to promote the child's growth or development, and gave evidence that parenting *this* child was very important to her.” (Bates & Dozier, 2002, p. 422). Foster carers can vary considerably in their commitment towards the children in their care (Dozier, 2005). This is influenced by a number of factors including their motivations, beliefs, life experiences, number of children fostered previously and experiences of strain (Dozier & Lindhiem, 2006; Farmer et al., 2005; Lindhiem & Dozier, 2007). In particular, motivation for fostering is an important factor to consider, as it has been proposed that foster carers with less altruistic motivations are likely to show less caregiver commitment (Nutt, 2006; Sinclair et al., 2004). In addition, foster children being younger, having less problematic behaviour or having spent more time in the

caregiver's care appears to contribute to greater caregiver commitment. (Dozier & Lindhiem, 2006; Lindhiem & Dozier, 2007)

In contexts such as foster care where caregiver commitment is variable, it has been asserted that the level of caregiver commitment experienced is immensely important (Bernard & Dozier, 2011; Dozier, 2005; Lindhiem & Dozier, 2007). Not only is greater commitment associated with placement stability, but it also enables the development of close relationships and attachments with caregivers, which has considerable implications for children's later adjustment as well as their social development and interactions with others (Cassidy, Kirsh, Scolton, & Parke, 1996; Dozier & Lindhiem, 2006). In addition, within the context of foster care, caregiver commitment appears to predict certain child outcomes that are usually predicted by attachment quality in the general population (Ackerman & Dozier, 2005; Dozier, 2005). One such example of this is foster children's self-representations, which have been found to be predicted by foster carer commitment and acceptance rather than attachment relationships (Ackerman & Dozier, 2005). This supports the importance of caregiver commitment, as foster children often have negative self-representations upon entering care; however, with a highly invested caregiver these may be ameliorated and more positive self-appraisals may develop (Ackerman & Dozier, 2005; Bernard & Dozier, 2011).

Although experiencing high caregiver commitment is clearly beneficial for foster children, for foster carers this emotional commitment may add to the challenging nature of fostering. Those carers who commit emotionally to their relationship with a foster child face what has been described as an 'emotional dilemma' as they grow to love them sincerely, which frequently goes unreciprocated and often is followed by the child's removal from their care (Nutt, 2006). Consequently, to protect themselves and manage the difficulty of these emotions some caregivers may limit their commitment and maintain a level of detachment with their foster children (Bernard & Dozier, 2011; Susan A. Cole, 2005; Dozier, 2005;

Lindhiem & Dozier, 2007; Nutt, 2006). In addition, caregivers who are highly committed to their foster children may be considered more difficult by social services when it comes to removing children from care and planning for reunification (Nutt, 2006). Consequently, this important characteristic of good quality foster care may be de-emphasised within child welfare systems. Despite these challenges, which may lessen the commitment of a caregiver to their foster child, this is an important characteristic of good quality foster care to ensure the promotion of positive adjustment and later outcomes for these children.

Caregiver-child relationship. The nature of the relationship between a child and their caregiver is a particularly important component of foster care that has consistently been found to be a predictor of children's healthy adjustment (Lamb, 2012). While there are a number of characteristics of this relationship that are important for children's well-being, a fundamental aspect to consider is the development of an attachment relationship between a foster child and their caregiver.

According to Bowlby's extensive work on attachment theory, the development of an exclusive bond between a child and their caregiver early in life is an important task to ensure children's physical protection and emotional well-being (Bowlby, 1969, 1973). Within these relationships, children's attachment behaviours are organised around the responsiveness and availability of their caregivers, and they begin to develop expectations around their interactions with them (Dozier, Stovall, Albus, & Bates, 2001). Children with consistently available and responsive caregivers are likely to develop expectations around this leading to what is classified as secure attachment behaviours, while those children whose caregivers are not reliably responsive will not develop positive expectations around their availability and will consequently not develop secure attachments (Bowlby, 1980). The experiences children have of attachment relationships lead to the development of a working model of the

environment that helps them understand and make expectations regarding the behaviour of others (Bowlby, 1969, 1973). When the care received is inconsistent, unresponsive and not meeting their emotional needs, children develop representational models of the world as “comfortless and unpredictable; and they respond either by shrinking from it or doing battle with it” (Bowlby, 1980, p. 208; Bowlby, 1973). While this model develops, so does a connected internal working model of the self which is important in the development of personality and social relationships (Bowlby, 1969; Cassidy et al., 1996).

Children in foster care may not have acquired a reliable attachment figure for three primary reasons: they often face adverse early experiences with birth parents where they do not receive adequately sensitive and responsive care; they experience the disruption of relationships when removed from their birth families; and in many cases they are placed with a number of caregivers in multiple foster homes (McIntosh, 2006). Therefore, many of these children are likely to develop maladaptive representational models, involving disturbances in understanding their own, and other people’s, mental states when making sense of behaviour (Howe & Fearnley, 2003; O’Connor & Zeanah, 2003). This has implications for the development of emotional regulation, interpersonal relationships, self-concept and mental health (Bartholomew & Horowitz, 1991; Howe & Fearnley, 2003; McLaughlin, Zeanah, Fox, & Nelson, 2012; Oosterman & Schuengel, 2008; Schofield, 2002; Sroufe, 2005). This also affects children’s relationships with new caregivers, and consequently the development of attachments, as they are likely to have negative expectations of the care they will receive, causing them to employ various strategies to push caregivers away (Macdonald & Turner, 2005; Stovall & Dozier, 1998; Stovall-McClough & Dozier, 2004).

Despite the difficulties caregivers may face when trying to develop a relationship with their foster child, it has been found that a number of children in foster care are able to develop attachments with caregivers when sensitive and reliable care is provided (Andersson,

2009; Cole, 2005; Schofield, 2002). This is largely dependent on caregiver characteristics such as sensitivity, reliable availability, their perceptions and feelings about the child, and their own attachment patterns (Cole, 2005; Oosterman & Schuengel, 2008; Schofield, 2002; Scott, 2011; Stovall & Dozier, 1998; Stovall-McClough & Dozier, 2004). The development of attachments is also more likely in young children; however this has also been observed in older children in some cases (Andersson, 2009; Cole, 2005).

Considering the potential caregivers have to form attachments with their foster children, it is important that steps are taken to increase the likelihood of this occurring. Primarily, it is critical that carers properly understand both the root of these difficult attachment-related behaviours and the child's need for nurturance, despite their presentation that may suggest otherwise (Stovall & Dozier, 1998). This is particularly important as research has suggested that the development of secure attachments can in some cases alleviate the negative outcomes associated with previous experiences of disrupted attachment, as well as lessening the risk of developing behaviour problems, interpersonal difficulties and mental health concerns (Almas, Grusec, & Tackett, 2011; McLaughlin et al., 2012; Scott, 2011). Therefore, a caregiver-child relationship that promotes the development of an attachment is a considerably beneficial component of high-quality foster care, which should be encouraged in order to contribute to foster children's well-being and positive later outcomes.

Certain studies have also considered two important qualities within the caregiver-child relationship that are consistent with attachment theory. The first is the promotion of trust. Foster children, and in particular those who have experienced placement instability, often enter care with a lack of trust in others and take considerable time to develop trust in their caregivers (Schofield & Beek, 2005a; Shireman, 2009). Thus, to understand that their foster carers are trustworthy they need to be reliably available to provide support, protection

and nurturance (Schofield & Beek, 2005a). This has been shown to be essential for healthy emotional development, particularly to counter any previous experiences that may have taught maltreated children to expect rejection.

Caregivers also play an important role in promoting foster children's self-esteem (Schofield & Beek, 2005a). This is particularly important as children in foster care are at risk of lowered self-esteem due to abandonment or removal from their family; experiences of maltreatment; perceiving themselves as different once in care; or feeling unloved, unsupported, or inadequate in their foster home (Crosson-Tower, 2007; Luke & Coyne, 2008). Promoting foster children's self-esteem is an important task considering the associations described in research between poor self-esteem and deviant behaviour, poorer adjustment and less social acceptance (Chan, 2000). In addition, low self-esteem is a risk factor for depression and suicidal inclination, while conversely good self-esteem is a protective factor for better academic outcomes and physical and mental health (Erkut, 2010). Foster children's self-esteem can be promoted when their carers assist them in understanding the reasons behind their placement in foster care, and when they provide unconditional acceptance and love, even when faced with challenging and rejecting behaviour (Berrick & Skivenes, 2012; Schofield & Beek, 2005a).

Family belonging. Although children in foster care do not have membership in their foster families biologically, studies have suggested that fostered children and young people can still experience belonging within these families (Biehal & Wade, 1996; Sinclair et al., 2005a). However, children's perceptions of family belonging can differ considerably depending on the time they have spent in the foster family, their experiences within this family, and to some extent their sense of loyalty to their biological family (Gardner, 1996; Sinclair et al., 2005a). Establishing this sense of family belonging has considerable benefits

for these children, and consequently this is an important aspect of high-quality foster care (Berrick & Skivenes, 2012; Nutt, 2006).

One primary way in which family belonging is encouraged is by experiencing a nurturing environment in which the foster child is parented similarly to other members of the family and is treated by carers as though they are a son or daughter to them (Berrick & Skivenes, 2012; Biehal & Wade, 1996; Gardner, 1996; Sinclair et al., 2004; Thoburn, Murdoch, & O'Brien, 1986). In addition, children have been found to experience belonging in their families when carers take on expected parenting roles, including providing them with love, giving encouraging advice and providing assistance in addressing any problems they may face (Sinclair et al., 2004). However, it is not uncommon for foster children to describe discrimination or differential treatment, such as being frequently blamed or left out from family activities or holidays, which can impact the development of close relationships with foster carers (Gardner, 1996; Sinclair et al., 2004).

Foster carers can also promote a sense of family belonging for foster children by utilising different strategies and intentional activities to assist the child in their initial transition and consequent integration into the family (Berrick & Skivenes, 2012; Mitchell, Kuczynski, Tubbs, & Ross, 2010; Sinclair et al., 2004; Thoburn et al., 1986). Some of these practical strategies described by foster carers include spending time with the child undertaking enjoyable activities, providing them with their own space in the house, displaying photos of the foster child, including them in celebrations and family events, and encouraging them to contribute to the family and be involved in the family routines and responsibilities (Berrick & Skivenes, 2012; Mitchell et al., 2010; Sinclair et al., 2004).

In addition, Schofield (2002) proposed a theoretical framework that was later elaborated on by Riggs, Augoustinos, and Delfabbro, (2009), describing five main features of

family belonging for foster children. These features may contribute to children's recovery from previous adverse experiences and more general improvements in quality of life. The first factor described is family solidarity, which fundamentally involves "the *expectation* of unconditional interest, concern, help and, above all, continuity of involvement over space and time" (Riggs et al., 2009; Schofield, 2002, p. 267). The second aspect of family belonging described is inclusion in family rituals involving both shared traditions and household practices. These rituals are also able to comfort children when faced with additional difficulties or disruptions, reminding them of the close bond with their foster family. Thirdly, family belonging can be promoted by identifying themselves as part of the family and having pride in their family identity. The final factor is the promotion of a sense of shared culture where children embrace the beliefs or values of their family, while contributing their own.

Promoting family belonging is an important characteristic of foster care, as it impacts children's well-being and sense of self (Berrick & Skivenes, 2012; Gardner, 1996; Nutt, 2006; Riggs et al., 2009; Schofield, 2002). In addition, if children do not experience a sense of family belonging throughout their time in care this can impact their welfare when aging out of the foster care system (Biehal & Wade, 1996). Without the support and assistance of a family at this time children can be particularly vulnerable as they try to make their way independently in life. Subsequently, these features of family belonging should be encouraged within foster families to optimise the well-being and later outcomes of children in care.

The family environment. Successful foster care is also promoted through certain characteristics of the foster family's home environment. In general, homes with a nurturing environment and a lack of stress appear beneficial for children in care. For instance, warmth within the family home, a supportive and cohesive family system, and stable caregiver relationships appear to contribute to greater adjustment, and encourage healthy child

development (Bradley, Corwyn, Burchinal, McAdoo, & Garcia Coll, 2001; Harden, 2004; Henderson & Scannapieco, 2006; Stovall & Dozier, 1998). In addition, one study found that foster children in home environments with few stressors were likely to have better emotional regulation and less emotional lability in middle childhood (Healey & Fisher, 2011). However, this finding may also reflect the impact of stress on the foster carer's parenting capabilities.

A safe family environment is also highly important for foster children, and has been described as a central component of successful foster care (Buehler, Rhodes, Orme, & Cuddeback, 2006). This involves children's actual and perceived safety, and includes both physical and emotional components. Physical safety is important for the psychological well-being and development of all children, but is particularly important for children with previous experiences of maltreatment or violence (Fox, Berrick, & Frasch, 2008). Emotional safety is similarly important, and caregivers should protect their foster children from emotional harm where possible (Buehler et al., 2006; Schofield & Beek, 2005a). This includes assisting children in dealing with disappointment and distress constructively through comforting and talking with them, while reassuring them about their place within the foster family (Schofield & Beek, 2005b). Although studies suggest that a safe family environment is achieved in the majority of foster homes, this should continue to be emphasised as a failure to do so could have damaging consequences for foster children (Barber & Delfabbro, 2005; Fox et al., 2008; Sinclair et al., 2005b).

Considering the disruptions and unpredictability children often experience prior to entering foster care, it is important that consistency is ensured within the foster family environment. As previously discussed, reliable caregiving is important in the development of an attachment. However, children's need for consistency goes beyond this relationship into the home environment. To assist these children in adjusting and doing well in a placement

carers should ensure that family life is predictable and structured, including clear limit setting; organisation and routines; explicit rules and expectations; consistent enforcement of rules; and consequences for inappropriate behaviour (Berrick & Skivenes, 2012; Buehler, Cox, & Cuddeback, 2003). Clear explanations of unspoken rules or family practices should also be emphasised at the beginning of placements to help children feel more comfortable in the foster home and minimise experiences of perceived failure (Crosson-Tower, 2007). It is also important that parents provide explanations regarding decisions that are made and the expectations they have in terms of the child's behaviour (Berrick & Skivenes, 2012).

Conclusion. This review of the literature illustrates that there are a number of characteristics of foster care that contribute to the provision of high-quality care and a more successful placement. Considering foster children so often enter care with poor mental health and behavioural concerns and are vulnerable to a range of poor outcomes it is important that these characteristics are promoted where possible. In addition, it is important to consider whether the provision of particular services could inadvertently compromise features of successful care, and consequently impact foster children's well-being and later outcomes.

Respite Care

There are a range of services available to foster carers in New Zealand and overseas to assist them in managing the burden they experience and to help improve the quality of care experienced by foster children. One such service is respite care, when caregivers are provided with a temporary break from the demands of caregiving (O'Brien, 2001). Although this service arose to meet the needs of families with children with disabilities, it is now utilised in child welfare contexts as a way of supporting foster carers. Respite care is commonly conceptualised as falling into two categories: either crisis respite care, which occurs on short notice due to some sort of crisis, or planned respite care, which is organised

in advance and occurs as a relatively regular service (Kirk, 2004). Children can attend respite care in a range of settings including other family homes, institutions or group homes, or specific respite care facilities (Child, Youth and Family, n.d.-c; MacDonald & Callery, 2004; Welch et al., 2012). Its duration is typically short, generally between one night to a week or longer, although this depends primarily on the needs of the child and their family.

History of respite care. The provision of respite care emerged in the mid twentieth century as a service for children with disabilities (Shah & Priestley, 2011). At this time the perceptions of individuals with disabilities were shifting, with a greater focus on rehabilitation, social inclusion and recognising people's rights. Consequently, in the 1950's there was an emphasis internationally on supporting children with disabilities and their families in the home environment, rather than placing them in institutional residences (Braddock & Parish, 2001; Shah & Priestley, 2011). Although this was a substantial step forward in the perceptions of disabilities, having a child with a disability was still considered traumatic for the family, particularly due to the caregiving responsibilities falling primarily on mothers or other family members without receiving external support.

Out of this context, respite care began to be provided by the government in a number of countries for children with disabilities to offer their families a break from caregiving while the child spent time in a institutional setting or care centre (O'Brien, 2001). This was beneficial as it enabled the child to continue residing in their family home and helped prevent family breakdown. Since this time, respite care utilisation has increased as children with disabilities are more likely to be cared for by family, while respite care environments have become more home-like and the benefits have become more widely acknowledged (Child, Youth and Family, n.d.-c; Mullins, Aniol, Boyd, Page, & Chaney, 2002; O'Brien, 2001).

This resulted in respite care provision permeating into other settings including palliative care, child welfare, adult mental health, care of the elderly and foster care (Owens-Kane, 2006).

Respite care for children with disabilities. The vast majority of research on respite care focuses on its provision for children with disabilities. Within this context, a range of benefits of this service have been consistently reported. Primarily, it has been acknowledged that respite care is beneficial for parents and is a vital service and source of support for them (Child, Youth and Family, n.d.-c; Thomas & Price, 2012). Respite provides a break from the responsibilities of caregiving, which often enables children to remain in the care of their families rather than being admitted into long-term care (Grinyer, Payne, & Barbarachild, 2010; O'Brien, 2001). It has been shown to bring about general improvements in parental well-being, stress levels, mental health and quality of life (Chan & Sigafos, 2001; Kirk, 2004; Mullins et al., 2002; O'Brien, 2001; Welch et al., 2012). These arise from more specific benefits such as opportunities to attend to their own needs, renew their energy and recuperate, and have time to themselves (MacDonald & Callery, 2004; Wilkie & Barr, 2008). This is particularly important, as receiving assistance in caregiving from family, friends, or babysitters may not be possible if parents are concerned about the abilities of others in caring for their child's complex needs, or if they feel uncomfortable due to concern of imposing a burden (MacDonald & Callery, 2004; O'Brien, 2001). Therefore, they may not experience the same opportunities as typical families for sharing caregiving which would naturally contribute to lessened parental stress and a greater ability to manage.

Respite care for children with disabilities has also been found to improve parenting capabilities. Studies have reported that the reductions in parental stress that occur with respite care improve positive parenting practices and lessen the likelihood of child maltreatment (Kirk, 2004; Welch et al., 2012). In addition, respite care has more generally

been attributed to improvements in parenting confidence, parenting competence, and ability to manage their parenting role effectively (Welch et al., 2012; Wilkie & Barr, 2008). These reported improvements are likely to benefit the children as they would subsequently experience more effective parenting in the home.

Utilising respite care can be beneficial for the family as a whole. It can enable other children in the family to have quality time with their parents and have their needs met, which could contribute to overall improvements in the quality of the relationships between these children and their parents (MacDonald & Callery, 2004; Swallow, Forrester, & Macfadyen, 2012; Welch et al., 2012; Wilkie & Barr, 2008). Respite care may also have a positive impact on the mental health of other children in the family as it provides some temporary relief from the difficulties and stresses that arise due to having a sibling with a disability (Welch et al., 2012). An additional benefit of respite commonly reported by families is the opportunity to spend time as a 'normal family' (Grinyer et al., 2010; MacDonald & Callery, 2004; Welch et al., 2012). This entails activities that may be normative for typical families, but are difficult or impossible to arrange with the disabled child present, such as day-trips, holidays, or outings such as shopping or bike rides (Welch et al., 2012). Therefore, respite care can offer opportunities for normalcy into families that face a range of challenges and difficulties on a daily basis.

The children attending respite may also benefit from this experience. This is primarily due to the opportunities for socialisation with other children and the range of fun activities available (MacDonald & Callery, 2004; Wilkie & Barr, 2008). In addition, respite care providers can be well trained and specialised in the care of children with complex needs, which not only ensures the children's well-being during their stay, but may be therapeutic in some cases (MacDonald & Callery, 2004; Mullins et al., 2002; Wilkie & Barr, 2008).

It is also important to take note of the possible negative aspects of respite care. A number of families who appreciate and value respite care have also described its lack of flexibility, infrequent availability, uncertainty around frequency and timing, and its inconsistency of caregivers, and some even report feeling disempowered and judged by respite care staff (Caples & Sweeney, 2011; Grinyer et al., 2010; Thomas & Price, 2012; Wilkie & Barr, 2008). Similarly, one study reported that parents recommended that respite could be improved by greater flexibility of respite care provision, better communication between parents and respite caregivers and more training for respite caregivers (Thomas & Price, 2012). Respite care can also be a negative experience for parents if it results in a sense of failure or guilt, or if it causes additional stress in regard to the quality of care the child will receive (Chan & Sigafoos, 2001; Child, Youth and Family, n.d.-a). Some children exhibit greater difficulties upon returning from respite care, which can have a considerable negative effect on the functioning of the family and their perceptions and utilisation of respite care regardless of their experiences in the child's absence (Welch et al., 2012). It is also possible that children attending respite care may have negative experiences during this time. In one study children attending respite care due to disadvantaged family circumstances frequently reported homesickness, difficulties dealing with the separation from their family, and difficulties adjusting (Read, 2008). Although the children in this study were attending respite care in a different context, similar experiences of missing home and family have also been described in a small proportion of disabled children (Minkes, Robinson, & Weston, 1994).

Research has suggested that children's and carers' experiences and perceptions of respite care can vary. Children's experiences of respite are influenced to some extent by the circumstances surrounding its utilisation. Their experiences appear to be more positive when consulted about attending respite, and when they are able to make choices and decisions for themselves during their stay (Minkes et al., 1994). Family members' perceptions of respite

care can also differ, as it is viewed more positively when children experience a comfortable and safe atmosphere, when they have opportunities to partake in fun activities, when they enjoy it and when they want to be there (Welch et al., 2012). However, if children do not enjoy their time at respite parents often feel guilty and upset when utilising this service. Moreover, the type and amount of respite care provided, the quality of the service, and the skills and abilities of respite care workers appear to contribute to its effectiveness and the experiences of those utilising it (Bruns & Burchard, 2000; Chan & Sigafos, 2001).

This literature on respite care for children with disabilities provides a substantial amount of information about this service. However, the transferability of this literature to respite care utilisation in foster care is limited. It could be proposed that the benefits for foster carers and parents of children with disabilities could be similar, as respite provides both with opportunities for breaks from the demands of caregiving. However, considering their experiences of caregiving are likely to be different, it is also likely that their experiences of this service will differ to some extent. In addition, the possible effect respite care could have on foster children may differ substantially from that of children with disabilities. Children in care often have experienced adverse circumstances, impaired attachments, and a lack of security in their placements, all of which may influence their experience of respite and the effect it may have on them. Consequently, it is essential to look specifically at the research on respite care for children in foster care.

Respite care for children in foster care. Respite care has not been widely studied within the context of foster care, even though it is often provided to give carers a break from caregiving. Within New Zealand it is available through CYF to support foster carers, although the proportion of carers actually utilising this service has not been reported to date (Child, Youth and Family, n.d.-d). It is a particularly important service for foster carers, as

those caring for children with severe mental health concerns are often unable to arrange temporary caregiving when required, as occurs in typical families (Wells & Smith, 2000).

Although the literature available on respite care for children in foster care is limited, this service appears to be an important source of support for many foster carers (Hudson & Levasseur, 2002). This has been reported by carers in New Zealand as well, who described respite care as an important support service for lessening the stresses that can affect their ability to cope (Child, Youth and Family, 2007). A considerable proportion of foster carers also report a need for additional respite care (Berrick et al., 1994; Brown, Moraes, & Mayhew, 2005; Child, Youth and Family, 2007; Martin, Altemeier, Hickson, Davis, & Glascoe, 1992; Murray et al., 2011) with one study suggesting that up to 71% of foster carers request more of this service (Berrick et al., 1994). In addition, foster carers in one study described a need for greater accessibility of this service, and the provision of different types of respite including babysitting and in-home child care (Brown et al., 2005). Certain studies (Brown & Rodger, 2009; MacGregor et al., 2006; Meloy & Phillips, 2012) have also mentioned respite care briefly as a finding within a broader research topic, suggesting a number of possible benefits of this service. These include improvements in parenting capabilities, the quality of the caregiver-child relationship and the well-being of carers (Brown & Rodger, 2009; Meloy & Phillips, 2012). Foster parents have also described the necessity of respite care in promoting family functioning and ensuring the well-being of any biological children by providing them with a break from the foster child when needed (MacGregor et al., 2006; Sinclair et al., 2004). This is a considerable benefit of respite care, as the lives of biological children are often affected by foster children's behaviour and reduced parental attention and accessibility (Höjer, 2007). Furthermore, carers frequently describe difficulties in sharing their time between fostered and biological children, and some request respite to ensure adequate time is spent with biological children (Sinclair et al., 2004).

Additional benefits of respite care have been suggested in terms of assisting carers in continuing to provide foster care. One study suggests that placement stability improves when respite care is provided alongside other practical services and support (Meloy & Phillips, 2012). This is particularly beneficial considering the significant proportion of foster children that experience placement disruptions (Rubin, 2007; Smith, Stormshak, Chamberlain, & Whaley, 2001) and the negative effect placement instability has on behaviour and mental health (Newton et al., 2000; Rubin et al., 2007; Swire & Kavalier, 1977). In addition, respite care appears to influence foster carer retention, as some foster carers have reported that the lack of respite provided was a contributing reason that they discontinued fostering (MacGregor et al., 2006; Rhodes, Orme, & Buehler, 2001). This has practical implications for child welfare agencies in terms of the availability of an adequate number of foster carers, and suggests that the support and assistance provided by respite could contribute to parents perceiving fostering as manageable. These studies begin to illustrate how respite care can influence the experiences of foster carers; however, it is important to note that respite care was not the focus of these studies. It is therefore likely that these findings do not provide a comprehensive picture of the influence of respite care in this context.

Only one study could be located that specifically researched respite care for foster carers. Owens-Kane (2006) looked at a range of outcomes associated with the utilisation of respite care for foster carers, kinship carers and adoptive parents of children with special needs. These caregivers experienced a number of benefits after using respite care relating to their own well-being, such as opportunities to attend to their own needs, time to spend with friends and reduced stress. Caregivers' quality of life was found to improve after using respite care, while the objective burden of caregiving decreased as shown by a number of observed benefits including improvements in energy levels, health and relationships, and time for themselves or for recreational or social activities. In contrast, caregivers' feelings of the

subjective burden of caring for their child were not generally found to change with the use of respite care, except for feeling more pleased and less strained in their relationship with their foster child, and feeling that their child depended on them less. Caregivers' feelings about caregiving also changed; they felt more at ease and supported, and less frustrated about caring for their child, although they reported feeling less equipped to care for their child.

The caregivers in this study also reported benefits for their families and foster children (Owens-Kane, 2006). Caregivers reported a more positive relationship and attitude towards their foster child after using respite care. Furthermore, respite provided an opportunity to meet family needs, allowed caregivers to spend time with their spouse and children, and improved levels of family support. The caregivers' relationships with family members also appeared to improve, although fewer caregivers reported that family members got along well after receiving respite care.

Owens-Kane's study (2006) clearly indicates a number of benefits of respite care. However, those outcomes that did not improve with the use of respite care raise some uncertainties about the use of this service. The subjective burden on caregivers was not found to decrease as one would expect when relieved of the stresses and demands of fostering a child with complex needs. In addition, caregivers felt less equipped to care for their children and fewer reported that their families got along well after respite. While there are a number of possible explanations for these findings, this raises the question of whether foster carers may experience some additional negative aspects of respite care that were not reported in this study. One such possibility is that children could demonstrate more problematic behaviour after respite care, which has been reported in some cases for children with disabilities (Welch et al., 2012). This has similarly been reported with at-risk families who have used respite care, where parents have observed that some children exhibited serious disruptive behaviour in the two or three days following their return from respite (Read, 2008).

However, since this has not been examined within the context of foster care it is important to investigate this further to determine whether respite care could have negative effects on foster children's behaviour upon returning from respite care.

Two qualitative studies exploring foster carers' perceptions of support suggest that different carers can have contrasting views about the use of respite care. Hudson and Levasseur (2002) found that the foster carers who perceived respite care positively were those who found it difficult integrating their foster child adequately into the family. These carers indicated that fostering was like a job for them and they made clear distinctions between foster children and their biological children. Respite care therefore provided an opportunity for relief where the foster child could be separated from other family members to allow the birth family to spend time together. In contrast, foster parents who perceived respite care negatively were those who endeavoured to integrate the foster child into their family. These caregivers believed that respite care emphasised their child's status as a foster child and differentiated them from the family. They also reported that respite care could be perceived as abandonment or rejection by the child, which was exemplified by one carer whose foster child feared their permanent removal from the foster home when attending respite care. Similar findings were reported by Murray and colleagues (2011). Some foster carers in this study described a need for respite care to provide them with a break from the burden of caregiving experienced, particularly due to the difficulties in attaining babysitters or child care for foster children with difficult behaviours. However, other foster carers responded more negatively about this service as they believed that the additional disruptions caused by respite care would be harmful for the child, by adding additional instability to that already experienced by the child prior to placement with their present foster family.

These qualitative studies begin to suggest that respite care could have a different effect on foster carers compared with foster children. Respite may be beneficial for carers by

meeting their need for support and easing the burden of care they experience, while concurrently opposing the needs of their fostered children for continuity and stability in care. Within these studies, those caregivers perceiving respite care positively appear to be describing benefits for themselves and their families, while those caregivers perceiving respite care negatively propose that this does not benefit the child and may even cause them additional harm (Hudson & Levasseur, 2002; Murray et al., 2011). Different caregiver characteristics may result in these contradictory opinions, as respite care was more likely to be perceived negatively by caregivers who had been involved in foster care for over ten years, and those who perceived foster caring as the inclusion of another child into their family, rather than a job or task (Hudson & Levasseur, 2002). It could therefore be proposed that caregivers with longer involvement in fostering and a greater desire to care for their foster child as part of the family may be more aware of any negative effects on the child and may be more willing to sacrifice their own well-being to avoid these. This could also reflect the motivations of foster carers, as older carers with longer histories of fostering are likely to foster out of concern for their community or desire to increase their family size (Cole, 2005). These caregivers may be better able to put their foster child's needs ahead of their own, which could consequently influence their perceptions of respite care. It is also important to note that carers who have fostered for a longer time may need less support compared with less experienced carers (Sinclair et al., 2004). Therefore, those who are new to fostering and in greater need of support are likely to perceive a service such as respite care positively regardless of their motivations for fostering or their desire to integrate the child into their family. While these studies begin to highlight a tension between the needs of carers to attain breaks for their own well-being, and the needs of children to experience stability, belonging and continuity of care, this needs to be researched further to clarify this idea.

The possibility that respite care may have differential effects on carers compared with foster children could be supported by a qualitative study of families at risk that describes a mismatch between parents perceptions and the experiences of the children attending respite care themselves (Read, 2008). Although the families in this study were at-risk families in need of support, rather than foster families, it provides insight into the possible discrepancies between the perceptions of parents and the reports of the children directly involved. It was found that parents generally perceived respite care positively, enjoying the opportunity for rest and a break from caregiving, to which they attributed a number of benefits for their parenting and the functioning of the family. However, the children attending respite care generally reported not enjoying the experience and finding it difficult, particularly with regard to the separation from parents or other significant people. This provides additional evidence that the experiences of respite may differ for caregivers compared with children, and consequently this should be examined within the context of foster care to understand the effects of respite in this context and the implications of its utilisation.

Summary

To summarise, it is clear that foster carers experience a range of challenges and a high burden of care when fostering. To help them manage this burden and improve their well-being, it is important that they receive support and assistance in this role. However, when working or researching within this field it is also important to consider the quality of care foster children are provided with. Characteristics of successful foster care should be promoted in foster families to ensure these children attain the best possible outcomes while alleviating the harm caused by any previous adverse experiences they have faced.

In New Zealand, one such support that is provided to foster carers to help them manage in this role is respite care (Child, Youth and Family, n.d.-d). This service has been

shown to have considerable benefits in the context of children with disabilities; however, the effects of utilising this service in foster families are less clear. In fact, the limited selection of research carried out in this area suggests that there may be contrasting opinions regarding respite care use, and these may in fact reflect the differential effects of respite for caregivers compared with foster children. However, this needs to be researched further, which suggests that the proposed study could be important in clarifying the uncertainty in this area.

Rationale for the Present Study

Considering the burden of care faced by foster carers, there is a need for effective service provision to ensure their well-being and their ability to manage in this role and continue providing care. However, research also illustrates the need for child welfare practices to promote children's well-being, considering their vulnerability to a range of adverse outcomes. In particular, children's experiences in care and the characteristics of the caregiving they receive have been found to influence their development and well-being. Therefore, the need for effective services for foster carers must be balanced with ensuring that the care children receive is not adversely affected as a consequence.

Respite care is one such service that is available for foster families in New Zealand; however the effects of its utilisation are currently unknown, considering the lack of research carried out in this area. While respite care has been researched in the field of children with disabilities, only one published study could be found that directly considers the outcomes associated with the use of respite care in foster care, although a few studies reported selected findings relating to respite care within the context of larger research topics. In addition, the limited selection of research available does not provide a comprehensive understanding of the topic, as it indicates some contrasting views and uncertain findings.

Consequently, the current study aimed to contribute to the limited research on respite care for foster children, to better understand foster carers' experiences of respite care and the effects this service may have on their lives, as well as foster carers' perceptions of the psychosocial effects of respite care for the children in their care. This study also attempted to contribute to the clarification of the uncertainties in the current research literature, while providing some additional knowledge that can be built on in future research in this area.

Chapter 2: Methods

Research Questions

The current study aimed to explore the following research questions:

1. How do foster carers experience planned respite care services?
2. What are foster carers perceptions of the psychosocial effects of planned respite care for children in foster care?

Three research designs could have been undertaken in the current study to address these research questions. These were a quantitative study using self-report measures, a qualitative study using written questionnaires, and a qualitative study using semi-structured interviews. For the purpose of this thesis the research design chosen was a qualitative study using semi-structured interviews.

Study Design

To explore the designated research questions the current study involved a qualitative investigation of foster carers' perceptions of respite care using semi-structured interviews to collect data in the form of carers' verbal accounts regarding their experiences and perceptions of this service. This type of research design was deemed appropriate for the current study as qualitative research enables the participants' personal and subjective perspectives and experiences to be reported (Johnson & Chistensen, 2012). This could consequently contribute a more comprehensive understanding of how respite care is experienced by those who directly encounter its effects in their lives. By carrying out semi-structured interviews, this approach also enabled in-depth data to be attained, including open-ended narratives, quotations and detailed descriptions through which the "richness of people's experiences" of respite care can be depicted (Patton, 1987, p. 10).

The lack of existing literature on this topic also favours the use of qualitative methods, as this approach enables a phenomenon to be explored without prior expectations and without attempting to describe the perceptions and experiences of individuals within predetermined categories (Johnson & Chistensen, 2012; Patton, 1987). It is guided by questions and a search for patterns rather than focusing on confirming expected hypotheses that have been created in relation to previous research (Patton, 1987). Considering foster carers' experiences and perceptions of respite care are not clearly understood from the current research base, this approach can enable some initial trends to be suggested from this research.

Choice of Qualitative Methodology

Qualitative research has been defined as research that investigates the meaning people assign to certain social or human problems through naturalistic data collection and inductive data analysis (Creswell, 2007). This enables descriptions of the participants' experiences and suggests patterns or themes from the data that can broaden the existing research base and contribute to practical change in the world. In carrying out qualitative research, researchers must decide which methodological approach will be most appropriate to undertake. These approaches all differ in terms of their objectives of the research process, the emphasis during data collection, and the specificity and complexity of data analysis, and consequently the resulting report will vary considerably (Creswell, 2007). Those most commonly utilised include narrative research, grounded theory, ethnography, case studies and phenomenology, and consequently they were all considered in the process of selecting an approach for the current study.

Ethnography and case study approaches were easily dismissed as possible methodologies for the current study. The aim of describing shared patterns in a culture-sharing group that is specified for ethnography is not compatible with the research aims of

the current study, while the in-depth analysis of individual cases that occurs with case studies would be inappropriate since collecting data on specific children in CYF care is not ethically feasible in New Zealand. Grounded theory was also considered unsuitable for the current study, as it focuses primarily on the construction of a theory by examining individuals' views relating to a certain process. While this could have been used to provide a theory explaining how respite care is experienced by foster carers, this was deemed unnecessary at this stage considering the limited research in this area. Instead, it would be more beneficial to take an exploratory approach and gain a broad understanding of foster carers' experiences and perceptions relating to respite care.

Initially, narrative research and phenomenology seemed as though they could be appropriate methods to employ, as they both explore individuals' life experiences. However, on comparing these approaches it became apparent that phenomenology would be more consistent with the aims of this study. While narrative research would result in detailed descriptions of an individual's life, phenomenology allows a "deeper understanding about the features of the phenomenon" and enables a description of certain universal principles of this phenomenon to be reported (Creswell, 2007, p. 60). Consequently, this approach would provide more information in terms of the common experiences of foster carers regarding respite care and the effect it has on caregivers and foster children, and therefore be able to contribute towards a better understanding of this within the research literature.

The type of phenomenological approach that was undertaken in this study is Interpretative Phenomenological Analysis (IPA). Consistent with the objectives of phenomenological research more generally, IPA aims to explore how individuals make sense of particular experiences through exploring people's perceptions and views on a phenomena in depth (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2008). This is appropriate in the current study in order to provide "rich and detailed personal accounts" of foster carers'

perceptions of respite care that can begin to contribute to the significant gap in the literature (Smith et al. 2009, p. 40). The process of IPA has been clearly described by a number of authors to guide researchers in carrying out rigorous IPA research (Willig, 2001). However, this process is also considered dynamic, as the researcher takes an active role in analysing and interpreting the data while ensuring the participants perspectives are not misrepresented due to personal views and preconceptions (Smith & Osborn, 2008; Willig, 2001). This element of interpretation must involve both understanding and clearly reporting the view of the participants, while also critically considering the responses attained in terms of underlying indications of thoughts or ideas. Therefore, care was taken at every step in the research process to accurately describe the experiences and perceptions of participants without allowing any personal bias to influence the reported findings.

Participants

Consistent with qualitative methodology, and more specifically the IPA approach, purposive sampling was used to obtain participants who could provide insight into the particular experience of interest (Johnson & Chistensen, 2012; Smith et al., 2009). Therefore, participants were sought who were non-kin foster carers and had experienced respite care for at least two foster children in their care. By restricting participation to non-kin foster carers only, this ensured a relatively homogeneous sample as there is likely to be variation between kinship/whānau and non-kin carers in terms of their experiences of fostering and of this phenomenon more specifically. Attaining a sample of non-kin foster carers, rather than kinship/whānau carers, was considered more suitable for this study, as international literature has indicated greater utilisation of respite care for non-kin carers (Berrick et al., 1994). This suggests that the research questions studied may be more meaningful within this population, which is recommended when attaining a sample for IPA research (Smith et al., 2009)

IPA research advocates relatively small sample sizes to ensure sufficient depth and detail of each individual's experiences (Smith et al., 2009; Smith & Osborn, 2008). For this study it was decided that a sample size of five would be most appropriate to ensure that an in-depth focus of each case is attained, while gathering sufficient data to provide informative research findings including comparisons between individuals and descriptions of similarities and differences.

Participants were recruited for this study by advertising through the "Fostering Kids" organisation. This organisation emailed an explanatory advertisement (see Appendix A) to all current members residing in Canterbury and those that were interested in participating were invited to contact the researcher. Following this fourteen foster carers responded by email and another four responded by phone. Since only five participants were required the first five individuals to respond were contacted to confirm their interest, provide further information regarding the study, and check eligibility. If any were not eligible, or if they did not make further contact, then a subsequent foster carer was contacted. Those who were not eligible or needed for the study were informed of this and thanked for their expression of interest.

The final sample of five participants consisted of two females and three males. Detailed profiles of these five participants have not been included in order to protect confidentiality and maintain anonymity considering the relatively small pool of "Fostering Kids" members in the Canterbury region. However, their fostering histories will be briefly depicted below, with the use of pseudonyms, as this provides some context to their experiences and contributes to the findings obtained.

Katherine has been involved in fostering for over 20 years and has had a large number of children in her care during that time. She has had children placed in long-term permanent

care, short term care, and has also provided respite care on occasion. Currently Katherine has two children permanently placed with her. Lisa (participant) and her husband Ian are the long-term carers of three adolescent foster children, who are the only children they have fostered. These children are siblings, and have been cared for by Lisa and Ian for almost 12 years. Paul (participant) is a foster carer alongside his wife Carol. They are long-term carers for three adolescent boys, and they also described having cared for a number of other boys on a more short-term basis at various times. George (participant) and his wife Maria have been involved in fostering for five years and have had fostered over 30 children over this time for long-term care, short-term care, emergency placements and respite care. Ray (participant) has been involved in fostering for around three years alongside his wife Lillian. They initially provided respite care before becoming involved in long-term fostering. Since this time they have had a number of children in their care on long-term placements.

Procedure

After recruitment, participants were emailed a comprehensive information sheet including the study's objectives and what is involved (see Appendix B), and a consent form to complete in their own time and bring to their interview (see Appendix C). They were asked to read these documents and respond subsequently to confirm whether they were still interested in participating. Once confirmation was received interviews were arranged at a time and place agreed upon by both parties.

Interviews lasted between 45 and 120 minutes. As recommended by Smith and colleagues (2009), at the beginning of each interview participants were provided with an explanation of what to expect and an opportunity to ask questions. The completed consent form was collected and important ethical considerations were reiterated. Participants were also reminded that their responses throughout the interview should describe their general

experiences as a foster carer, rather than depicting experiences with a particular child. The interviews were audio recorded for later transcription, which was clearly explained to participants at this stage (Willig, 2001).

Data were collected using semi-structured interviews with participants. This method of data collection was suitable for an IPA approach as it facilitates participants in providing rich and detailed descriptions of personal experiences (Smith et al., 2009). In addition, semi-structured interviews were appropriate as they inherently enable flexibility through the use of broad topic areas, allowing the interview to be led by the participant and preventing their responses from being restricted or influenced by the researcher's presumptions or expectations (Smith & Osborn, 2008; Willig, 2001).

The following interview schedule was used as an adaptable framework throughout the semi-structured interviews to guide the direction of the interview while ensuring that all topics relevant to the research questions were discussed:

1. Foster carers' experiences of planned respite care:
 - Participants' experiences of planned respite care.
 - How respite care affects the participant personally.
 - How respite care affects their experiences as a foster carer.
 - How respite care affects the participant's family.
 - The advantages and disadvantages of using respite care.
2. Foster carers' perceptions of the psychosocial effects of planned respite care for children in foster care.
 - The impact of attending respite care on foster children

- How respite care affects foster children's behaviour (immediately and more long term).
- How respite care affects children emotionally.
- How respite care affects children's relationships or social behaviours.
- How participants think that children in foster care view respite care.

Throughout the semi-structured interviews comprehensive responses were attained by using more specific question prompts (Smith & Osborn, 2008; Willig, 2001), minimal probes such as 'Can you tell me more about that?' (Smith & Osborn, 2008), restating the responses of participants for further questioning, and requesting specific examples or illustrations. Opportunities were regularly provided for participants to confirm or challenge how their comments and responses were interpreted.

At the completion of the interview participants were thanked for their participation and informed that they could contact the researcher with any additional questions or concerns. As recommended by Walker (1985), brief notes were taken immediately after the interview to describe any general aspects of the interaction and whether the responses provided appeared comprehensive and accurate. Interviews were then transcribed individually to provide a semantic record of the interview for data analysis (Smith et al., 2009).

Data analysis

Analysis of the data in this study was consistent with the methods proposed for an IPA approach. While the current literature informing IPA research does not describe a single method of data analysis, certain flexible guidelines have been depicted to ensure appropriate engagement with the transcripts and an in-depth analytic and interpretive focus.

The first stage of data analysis involved reading and re-reading the interview transcripts while taking wide-ranging but non-specific notes regarding anything of interest in the left margin of the transcript (Smith et al., 2009; Willig, 2001). As recommended by Smith and colleagues (2009), general notes were recorded initially, followed by a careful line-by-line analysis of the transcript including similarities, differences, amplifications and contradictions in the text. Alongside descriptive comments, more interpretative noting was included to begin to take the analysis to a conceptual level. This involved trial and error and continual refinement of ideas, ensuring that interpretations made followed from the participants' responses. This process resulted in a comprehensive set of in-depth notes about the data.

The second stage entailed the identification and labelling of emerging themes in each transcript from the initial notes (Smith et al., 2009; Willig, 2001). The titles describing these themes were conceptual and aimed to describe "something about the essential quality of what is represented by the text" (Willig, 2001, p. 55). Initially themes were recorded in the right margin of the transcripts, before being copied chronologically onto an electronic document. Since most themes arose multiple times they were then organised to create a list detailing all themes identified in the transcript, along with supporting information and quotes. These first two stages were carried out with all transcripts before the third stage of analysis could begin.

In this third stage, connections and comparisons between the themes in different transcripts began to be explored. Themes were carefully assembled into "clusters of concepts that share meanings or references" (Willig, 2001, p. 55). This was completed manually, by printing out the lists of themes and cutting them up so they were able to be moved around and clustered accordingly. This was an iterative and reflective process, where themes were moved and alternative arrangements were tested to ensure that the most appropriate organisation of themes was attained. Super-ordinate themes were identified once emergent

themes were clustered and a conceptual title was developed to describe the essence of the grouping. At this stage the quantity of the data was reduced, with themes being included dependent on their recurrence across cases, their relevance to the research questions, and the possible implications of that finding. This process resulted in a structure of nested themes within broader, super-ordinate themes. After these steps of data analysis the apparent themes were translated into a narrative account by writing up and discussing the findings according to the IPA approach described by Smith and colleagues (2009).

Ethical considerations

While carrying out this study there were a number of important ethical considerations. Voluntary participation and informed consent was ensured and participants were told that they were able to withdraw from the study at any time before data analysis with no penalty, although no participants utilised this option. Considering that participants in this research were sharing personal experiences, care was taken to treat them respectfully throughout the interviews. The researcher was prepared to sensitively deal with any emotive content that could have arisen and contact details were provided for counselling or foster carer support services on the information sheet provided. Confidentiality was ensured by only using the information gathered for the purpose of this study. To protect carers' identities pseudonyms were used and identifying information was either discussed in a general sense or not included. A final consideration was that the foster children were not indirectly being studied in this research. It was foster carers general experiences and perceptions that were explored, which was clearly explained prior to the interview, and encouraged by using interview questions or prompts eliciting experiences and perceptions about respite care more generally.

Ethical approval for this study was attained through the Human Ethics Committee at the University of Canterbury with approval number HEC 2013/38 (see Appendix D).

Chapter 3: Results

The data obtained in the current study were conceptualised into six super-ordinate themes. These are not completely distinct, but provide a framework in which the obtained data can be understood and presented.

The first theme describes variants of the care environment that appeared to influence the carers' perceptions of respite care. These include the type of respite care, the respite environment, the quality of care received and characteristics of the respite carer.

The second theme that emerged describes how respite care is necessary and beneficial for foster carers, considering the burden of care and their need for support in this role.

The third theme includes the concerns carers had about the agency provision of respite care. This includes their frustrations dealing with CYF, their difficulties accessing respite, and their experiences of respite not being provided in children's best interests.

The fourth theme consists of a number of factors related to the movement between home and respite environments that carers attribute as leading to particular psychosocial effects of respite care on children.

The fifth theme furthers this as it describes carers' perceptions of the psychosocial effects of respite care on foster children.

The sixth theme describes carers' perceptions of how respite care could be improved.

In addition to these themes, some additional findings are discussed as the super-ordinate themes alone did not capture the entire complexity of the information attained. These additional findings describe the modifying effects of carers' views of fostering and of their foster children on their perceptions of respite.

Each of the six super-ordinate themes and their substituent themes are presented below using quotes from the carers to clearly illustrate their perceptions and experiences of respite.

Theme 1: Carers' Experiences and Perceptions are Influenced by Variants of the Care Environment

Throughout the carers' accounts it became apparent that their experiences of respite care, and subsequently their perceptions of it, depended on the type of respite, the nature of the care environment, the quality of care received and abilities and characteristics of the respite carers. This theme is discussed first as the variations in respite care environments appeared to influence carers' responses in subsequent themes.

The type of respite care. One variant influencing carers' experiences of respite care and the responses provided was the type of respite care. The carers had encountered planned respite care in a number of different settings, and their responses indicated that some settings are more advantageous than others for both themselves and their foster children.

Respite in a family home. The most common type of respite care discussed by the carers was respite care in a family home. This included homes which had children for respite in addition to children in long-term foster care placements, homes that only had children for respite, and homes where the carers' own children were present. Lisa described how these homes can be appropriate as respite carers may be able to give the child more attention:

"Uh I think he gets more attention there." (Lisa)

Similarly, George suggested the benefits of respite in a family environment as children can receive nurturing care from a parental figure through little things such as "*reading a story to*

the children when they're in bed", or being able to cater to each child's needs, such as "having the light on at night".

Katherine described respite in a family home more positively when it was provided regularly, as she found that this enabled the home to become a familiar place for the child:

"Because he knew the routine at the other end and he knew what happened and so therefore there was a kind of a safety net" (Katherine)

George also noted how respite in a family home could provide opportunities for children to form relationships with the respite carers and any other family members:

"you can get certain bonds and attachments with children and especially when it's not just one weekend [...]it's a number of weekends over a few months or something" (George)

Respite in a Family Group Home. Paul and Lisa had both experienced respite care for their adolescent foster children in Family Group Homes. Paul shared a particularly negative view of this type of respite care, as exemplified by the following statement:

"if their philosophy is family group home for respite care then they're just barking up the wrong tree, they really are" (Paul)

He spoke passionately about the poor set up of these homes. In his opinion, the children did not experience any sense of family in these homes as it had become a place where troubled teenagers could be cared for when no other placements were available:

"I don't think family group homes should be called family group homes 'cause there is no such thing as family in those homes, and they shouldn't even be homes because they are not homely, they are just breeding grounds for delinquents really" (Paul)

Similarly, Lisa described how in her experience these homes have not provided the nurturing care attained within family settings:

“I don’t think that’s a real ... it’s taking care of them but not in a family sense” (Lisa)

Paul also indicated how influential other “*delinquent*” children can be within these homes, which he observed with his foster son:

“Yeah [he’s] a big sheep, especially when they go into a home with a lot of highly trained delinquents, um and they train him” (Paul)

As a result of this peer influence Paul felt his foster son returned from respite having picked up some objectionable behaviours:

“Charlie came back doing drugs, alcohol [...] even to the point of hanging out the bedroom window here smoking marijuana” (Paul)

In Paul’s experience, Family Group Homes were additionally detrimental considering the lack of boundaries in place and the difficulties carers had in managing these adolescents and their delinquent behaviour.

“They’re just walking out of the gates and just doing whatever they want, coming back with stolen stuff, putting it on the floor and all the kids are helping themselves” (Paul)

Paul also described how the foster children themselves dislike attending respite at Family Group Homes immensely, reporting how his foster son refuses to return there in the future:

“he has said to Carol that he’d never go back to a family group home. He will punch the police out, he will punch anybody, he said there’s no way he would go back there” (Paul)

Despite these negative accounts of these homes, Paul reported that for difficult adolescents this is often all that is available as other respite homes may be unwilling to take them on.

“You know, who’s going to put their hand up and say ‘yip I’ll have this 15 year old in my house for respite care and that’ and then when you get told, you know, what some

of the behaviours could be, you know... the only option is a family group home which isn't suitable" (Paul)

Respite facilities. Katherine and Lisa spoke of accessing respite in facilities that have been set up with employed staff specifically to provide respite care. Katherine described how a number of these facilities had closed down in the last few years, making it a less available form of respite care. However, she had used one facility relatively frequently and described a number of benefits from it. One particular benefit she described was the opportunities provided for children to enjoy a range of fun and exciting activities:

"the pluses of being in a big environment is that they do things together and they go off together and... oh they went on a jet boat and did all sorts of things. [...] oh yea there were all sorts of things that were really exciting about it" (Katherine)

Part of this excitement appeared to come from being able to enjoy group games and activities that are not possible with fewer children:

"because it was a group of them, that whole group mentality of being able to play a game of soccer together and everybody was in, um... was there in a big way" (Katherine)

In addition, Katherine believed that this respite facility enabled children to have more positive experiences as they can recognise that they are "*in the same boat*" as the other children present:

"the kids actually did OK over there because it was a big place and everybody was in the same boat I think" (Katherine)

Katherine also reported that this respite facility was beneficial as it had consistent rules and consequences in place to help manage children's behaviour. One such example of this was a tangible rewards system which encouraged compliance and positive behaviour:

“the staff had a really good way of... they had systems that went right through the whole place. So if you settled for bed early you got a sticker on the chart, if you settled for something else, you know. And at the end of the day anybody that had got so many stickers could have a wee car, well my son loves wee cars, I mean, you know ... he knew that he had to work for things so if they had gone off to bed and done what they were told and all that sort of stuff” (Katherine)

Despite these positive aspects of respite facilities, Katherine still preferred respite care in a person's home, provided the person was someone the child knew and could form a relationship with.

“Um... but a person's own home if they know the person I probably would be happier with” (Katherine)

The respite care environment. Throughout the carers' accounts it was apparent that their perceptions of respite care were related to the type of environment experienced, as illustrated by Katherine:

“I've found that there are certain places that he's better at than others” (Katherine)

George and Ray also described the importance of the environment in bringing about certain behaviours. They discussed how modifying the environment and making it more suitable can often reduce these negative behaviours and other problems.

“The environment produces the behaviour; change the environment, put the kid in another environment. It's really quite simple, it's not rocket science” (Ray)

Furthermore, the carers' accounts indicated that the characteristics of an appropriate respite care environment can vary for different children.

Environments that are different, enjoyable or exciting. All five carers described how appropriate respite homes provided opportunities for children to do fun and exciting activities. For example:

“they’d go places and do things that they just wouldn’t do at home” (Katherine)

The carers reported how for some children this kind of respite may help them perceive it more positively as it can be viewed as “*a big adventure*” (Paul), or “*like ‘oh I’m on a holiday’*” (George). Katherine described how going to an environment that is very different from their usual one can help children to perceive this experience as an exciting opportunity:

“I always figured that if a kid came out to the country, that like it was a city kid going to the country for a holiday, you know? Like that was an acceptable thing to say, that you’re going out to do something different” (Katherine)

Paul illustrated the importance of children enjoying their time at respite, as he reported that his concerns about respite care would be alleviated if his foster child experienced an environment that he would enjoy:

“if there was a farm situation or anything that he could go to that we know that he would enjoy, then that’s different” (Paul)

However, Ray also described how this kind of respite environment may not be appropriate in some cases if the child experiences “*wall to wall entertainment*”. In his view this can be counterproductive as it disrupts the child from their typical way of life and can make it difficult for them to settle back into the structure that has been set up in their long-term home.

“And basically it was wall to wall entertainment for the entire time when he was in their company. So... then you’ve got to pick up the pieces and put them back and sort of put the child back into the life framework that you’ve set up” (Ray)

Paul and Ray suggested that taking older children from the city out to the country for respite could prevent misbehaviour and absconding, as the temptations that are so readily available in the city may not be present. Paul described how in one respite placement foster children could “*walk out*” and go into town, where they would go “*breaking into cars, breaking into houses... coming back with stolen stuff*” (Paul). They also both described how “*they [foster children] can’t escape*” (Paul) from homes in the country, which may enable them to enjoy and benefit from the arrangement:

“here’s an interesting thing, he hasn’t run away. And the question has to be asked why? I think the answer is it’s too far, its 40 or 50 km to the nearest habitation. [...] and I’ll bet he’s having a good time. And he doesn’t want to run away because it’s too much boot leather” (Ray)

Inappropriate respite environments. The carers also described specific experiences when the respite environment provided was not appropriate. For Paul, the majority of his experiences were of this nature:

“when you do get it it’s the wrong type of care” (Paul)

One such example of an inappropriate respite environment described by Paul was when his foster children were not included as part of the family during a special outing:

“the family took them to Woodford glen, but they could only get in because they paid for their own ticket. So they weren’t even part of the family, the family wouldn’t even pay for them to get in. If they did not buy their own ticket into Woodford glen they’d end up sitting in the car.” (Paul)

While this may seem immaterial, Paul indicates that these seemingly small gestures can have a significant impact on children’s experiences at respite. Lisa also described how a foster son attended respite care and was treated like an outsider and bullied by children in the family:

“it’s their home so they pick on a kid that comes to their place. Especially if he is not invited and most of them aren’t.” (Lisa)

Paul and Katherine also described how respite placements may be inappropriate for some children considering the influence of other children during this time. If their children are vulnerable to picking up undesirable behaviours it may not be appropriate for them to have respite in an environment where this is likely to occur.

“I wouldn’t be sending my kids over there because they’ve got enough troubles of their own, they don’t need to learn anymore!” (Katherine)

Respite that is appropriate in a specific situation. Katherine illustrated how particular respite arrangements might be appropriate for a child’s unique situation. She described caring for a boy who spent respite in a home where his sister was placed long-term. This was beneficial as it maintained their relationship and made visiting his sister the focus of these stays, rather than being sent away himself. He also spent some time in a placement with these caregivers, so this home was a familiar environment.

“so that bonding between the two of them still stayed even if they weren’t in the same places. [...] being able to know who his sister was and going and spending time with the old caregivers and coming back again was a really positive thing for him. Because he knew the routine at the other end” (Katherine)

The quality of care. The carers’ accounts suggested that the quality of care provided at respite can vary considerably, which appeared to influence carers’ perceptions of this service. Paul, Katherine and Lisa all described occasions when this was unsatisfactory.

Paul expressed concerns that in his experience respite carers can be uninvolved, leaving the children to entertain themselves with technology:

“the kids have just been placed in a room with a TV or a PlayStation and fed and that’s it, there’s been no family involvement” (Paul)

He went on to suggest that in some respite homes carers may deliberately become uninvolved and lenient because it is easier not to have to deal with the child’s challenging behaviour:

“why ask them to do something when all your gonna get is abused and whatever, so the carers do everything and the kids are just left to do whatever they want” (Paul)

Similarly, Lisa described how some respite carers have not provided adequate supervision, which can enable bullying and other undesirable interactions between children:

“And I think with better supervision [...] because they pick on them! They do, kids are nasty!” (Lisa)

Paul also described how in some respite homes there is a lack of guidance by the carers in terms of personal hygiene and daily routine, despite many children in foster care needing assistance with these everyday tasks.

“A lot of these kids need to be reminded to have a shower, you know, you don’t sleep in the clothes that you’re wearing, you need to change, you need to put your clothes out and that. They were wearing the same clothes, they were sleeping in them, they weren’t showering, they weren’t cleaning their teeth, you know, their personal hygiene was going down and everything.” (Paul)

The respite carer. The nature, abilities and commitment of the respite caregiver is a final feature that may influence carers’ perceptions of respite. As asserted by George:

“to be fair all caregivers are not equal. Some caregivers take it really seriously and others don’t” (George)

Carers’ abilities. Paul, Katherine, George and Ray all spoke of the considerable variation in the skills and abilities of respite carers.

“the term child carer or caregiver is kind of a generic term that covers a whole group of people whose skills might range from quite primitive to quite sophisticated” (Ray)

Katherine described the implications of this, as those children with complex needs and challenging behaviour need respite carers who have the skills to manage this:

“when you’ve got kids that have got very high special needs it’s about having people qualified enough to deal with them” (Katherine)

Ray suggested that this is likely to require practical experience and specialised training:

“The thing I think about any kind of caregiving comes back to training and experience” (Ray)

However, Ray and George both suggested that this is not readily available for those who undertake respite caregiving. Considering George and his wife initially became involved in fostering by providing respite care, they were able to describe how this was true from their experience:

“well we were dumped in the blunt end of things when we first started. We were assigned four [foster children] a weekend. [...] This is our first experience and there is no support” (George)

Paul’s experiences of respite carers’ abilities indicated that there are some who are clearly not equipped to manage the level of challenging behaviour that some foster children may present with. This is exemplified in the following extract where Paul describes how a respite carer locked his foster son in his bedroom as she was unable to manage his behaviour:

“we got a phone call from the caregiver saying ‘we’re locking Charlie in his bedroom ‘cause we can’t keep him safe’. How bad’s that? You know she couldn’t cook dinner and she couldn’t basically turn her back because she couldn’t keep... he was in that much ... risk that she couldn’t keep him safe.” (Paul)

Understanding the impact of respite care. In addition to being well-equipped, Katherine described the importance of respite carers understanding the impact of respite on children, and an awareness of issues regarding the disruption and removal from their home.

“you’ve gotta be aware that they come... sometimes they’re upset when they come sometimes they’re upset when they go.” (Katherine)

Considering this, Katherine suggested that providing respite care should be a specialised field to ensure that the child’s difficulties with these adjustments are dealt with appropriately.

“Well I think it’s actually quite a specialised field for people to do respite care, because I think you’ve got to help kids adjust to the going away,” (Katherine)

Being well informed. Four of the carers described the importance of communication with respite carers to ensure that they are fully informed about the child they are caring for. Although this is important, Ray described that this does not regularly occur:

“from the long term carer’s point of view the respite care needs to have um... some liaison with the caregiver. At present that happens entirely by accident.” (Ray)

Paul, Katherine and Ray shared experiences of times when the lack of information given to respite carers had adverse implications. Paul illustrated the importance of respite carers being well informed considering how easily situations can deteriorate with these children:

“I don’t think they get enough information on what children they’re actually getting, you know, even though its only ...it might just be for a day and a night, but still there’s a lot that can go wrong in that time” (Paul)

This was reinforced by Katherine who described how respite carers used to be left in the dark about the difficult characteristics of children needing respite, often resulting in carers being unprepared and respite placements breaking down:

“what used to happen was that CYFs used to tell you the good stuff not the bad stuff that they did, and so you would say ‘oh well I’ll take them for respite for a week’ or

something or you would go... you know send kids off to somebody else for respite and you'd find that um the whole package wasn't described as it really was and therefore it all broke down." (Katherine)

Katherine and Paul described how a lack of knowledge regarding the child's medical or behavioural concerns can result in inappropriate care provision:

"I don't think that caregivers... that the people that the children are sent to for respite care actually get the full...um... history, medical history of the children that they're getting, because Charlie went one time to a carer...um... a male carer and he just played PlayStation all weekend. Well our boys can't do that because it stimulates their brain and they just can't handle it" (Paul)

Paul further described how this can subsequently impact the child's behaviour:

"then...just the anger and the violence that actually comes through on the children, it's just not worth it" (Paul)

Similarly, Katherine described how respite carers need to be fully informed about her foster son's diagnosis of ADHD and the medication he requires:

"Um... and if I spell out very clearly when he has to take his pills and all that sort of stuff he does OK" (Katherine)

Katherine's account indicates that this foster child does much better at respite when this is communicated clearly; however if this is not understood by the respite carers, then there is a considerable impact on his behaviour:

*"then they'd tell me he was a stroppy s**t all weekend, which I would know because he hasn't had his Ritalin"* (Katherine)

Ray and Paul suggested that respite carers should also be informed about the long-term carers' personal experiences with the child to attain information such as personal attributes, behavioural tendencies, and effective parenting strategies. Paul described how

beneficial this could be, as long-term carers are likely to be a wealth of knowledge about the child after caring for them for some time:

“the caregiver they’ve come from has got all the information they need to know. [...] You get to know everything about them, and you’ve got a lot of information on ya... or you know a lot of stuff about these children... that you could pass on but you never got the opportunity” (Paul)

To ensure this kind of information is passed on to the respite carers, Ray described a system where he and his wife put together a handbook for the respite carers including all this relevant information.

“What we have done in the past is to put together a book, like a handbook with mundane things like expected bed time, can shower him or herself, things like that... little physical things. Does not like peas or some other vegetable, dietary things or whatever. Or other things related to behaviour. What sorts of negative sanctions can have any effect if there are some” (Ray)

Ray also believed it to be important for respite carers to be informed about any long-term goals or “lifetime plan” that the long-term carers are working towards with the child:

“The other thing that needs to happen with respite caregivers is that any plan, lifetime plan, that there is ought to be part of the respite caregivers information as well. These are the goals, this is what we are trying to achieve with this child” (Ray)

Ray described how this can ensure that all involved carers are on the same page and can work together to achieve goals that will benefit the child.

Theme 2: Respite Care is Perceived to be Necessary and Beneficial

Throughout the interviews all five carers shared their experiences of the burden of care involved when fostering a child. These statements were interwoven in carers’ accounts

about respite, as this burden made them recognise how necessary and beneficial it is to have breaks from the demands of caregiving. While all carers were aware of this need, there was some divergence in carers' perceptions of the current benefits of respite. Some carers fervently described respite care as essential, with considerable benefits for carers and subsequently for the children themselves. In contrast, others described the potential benefits of respite care, but spoke of these being either infrequent or unattained, in their experience. This appeared to depend on the factors described in Theme 1, as well as their own negative experiences when using the service or the negative effect on the child themselves which is described further in Theme 3 and 5 respectively. The relationship between the constituent components of this theme is presented visually in Figure 1.

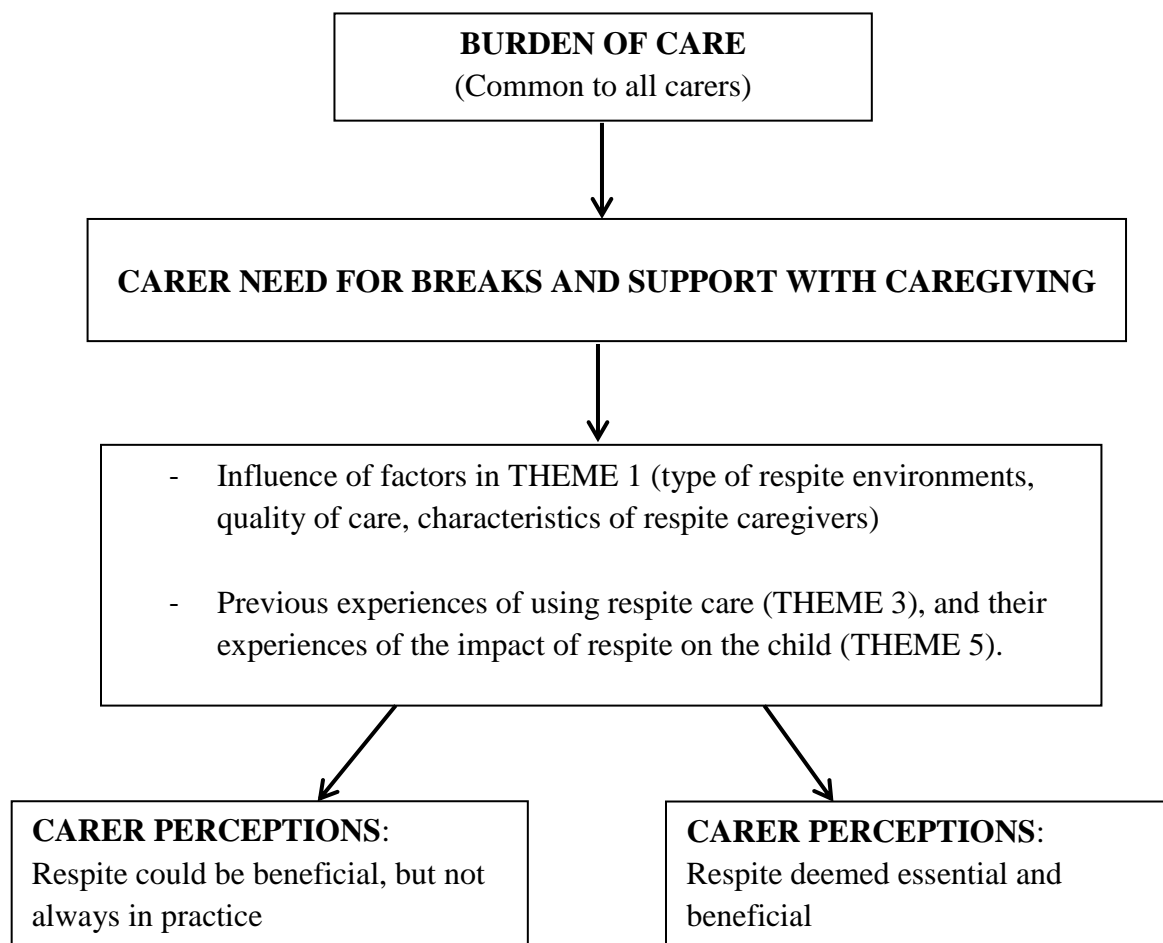


Figure 1. Theme 2: Perceptions of respite as beneficial and necessary

Burden of care. The carers in this study often qualified their responses by providing context on the burden of care they have experienced while fostering. The carers inferred that fostering is a demanding task, by nature, considering the children “*are all challenged in one way or another*” (George). The difficulties experienced by carers ranged from children’s coercive and aggressive behaviours to those whose behaviours are more dangerous.

“he’s worked out at a very young age how to manipulate adults” (Ray)

“he’s constantly attacking and... calling names” (Lisa)

“there are times you fear for your safety. We’ve had threatening behaviour, we’ve had a guy try to hang himself, um... different people running away on different occasions.” (George).

Katherine, Lisa, George and Ray indicated that fostering can be additionally burdensome as these children are often highly demanding of attention. Katherine illustrated how this can contribute to a sense of exhaustion and difficulties managing the daily demands of caregiving.

“sometimes when you’ve got a lot of kids you can actually feel very closed in at times, when they’re all screaming for an arm and a leg” (Katherine)

While all carers alluded to this burden of care, Lisa clearly demonstrated how the challenges of fostering can become such that it is no longer manageable.

“Actually I told Child, Youth and Family that I would like to have him placed in another situation by the end of this year. I’m not doing it anymore. I just can’t, I cannot do it anymore.” (Lisa)

Lisa’s exasperation was pertinent as she described being unable to manage the burden of caring for her foster son any longer, and the placement was breaking down as a result. However, Lisa described her concerns being previously disregarded and the necessary support being unavailable:

“When they [foster carers] have concerns they [CYF] should take it serious.

Because that was the problem [...] they didn’t do anything about it” (Lisa)

Paul, George and Ray similarly shared the view that this burden of care is intensified by the lack of support received. In Paul’s opinion it has not been his children’s difficulties that have been frustrating for him, but the lack of support received to deal with these difficulties:

“our frustration has never been with the children, it’s been with the lack of support for the children. And it’s... lack of support for us” (Paul)

The following statement by George shows how this lack of support as a carer can lead to exasperation and discouragement:

“and you think, well what’s the point? There’s nothing there, you know? There’s no... no help” (George)

The need for breaks from fostering. All carers spoke of the need to have breaks while fostering. They described how necessary it is to arrange planned breaks since this is a constant and demanding task that can become *“a bit smothering” (Katherine)* for carers when they are unable to have time away from their foster children. George explained that unlike full-time work fostering is 24/7, without weekends off or holidays, meaning carers are generally unable to have down-time for their own recuperation:

“you know if you’re both working you get four weeks off a year. So you get your holidays and your sick pays and all that sort of stuff, and yes it’s still tiring having a full time job but not also balancing all the extra kids and everything” (George)

For Ray the need for breaks was attributed to the fact that you are unable to relax when caring for other people’s children. He described needing to be continually tuned-in and aware of the child’s needs considering the care they require and the difficulties they may have.

“I think the main thing about the difference between caring for other people’s children and caring for your own is that you never really relax, even if you’re

sleeping there's that kind of...it's sort of like having a new baby in the house how you kind of sleep with one ear kind of... more highly tuned than the other [...] I think if you're going to do it properly and going to care for other people's children well then you have to have a heightened awareness of what the needs of that child are" (Ray)

Similarly, Lisa described how fostering involves constant giving, which is not sustainable for carers without also allowing some time for themselves:

"I think that's necessary because otherwise if you have them always... you can't keep on giving and giving and giving and never do something for yourself, that just doesn't work" (Lisa)

Paul, Katherine and Ray explained how in typical families informal respite is often provided through family or friends, which is often not possible with foster children. Consequently, the need for planned breaks is more pronounced. This is illustrated in the following extract from Ray's account:

"So ... whereas you could just take your own child and drop them off with a friend or take them off to an aunty or grandma's place or something like that, that's not appropriate and not possible with other people's children, you can't do that" (Ray)

The reasons described for this were twofold. Firstly, CYF require any caregivers to be approved, as described by Paul, and have some sort of training, as described by Ray:

"everyone has to be vetted and everyone has to be police-checked and everything so you can't just give them away to anybody" (Paul)

"anyone supervising the child has to be trained or has to have gone through some sort of training course" (Ray)

Secondly, Ray and Katherine indicated that it may not be appropriate for family or friends to provide informal care for a foster child. This could relate to the effect the child may have on the caregiver's own children, as described by Ray:

“do you want this child mixing with your own grandchildren or children of your neighbours or your friends [...] You know you don’t want your own grandchildren or your friend’s children picking up bad habits from children who are very adept at picking up bad habits rather than good habits.” (Ray)

Alternatively, it may not be appropriate for family or friends to care for these children if they are unable to manage their challenging behaviour, as described by Katherine:

“I’ve got a very aging mum so she doesn’t cope with any of it... some people have parents who will look after the kids but sometimes the behaviour problems are such that you’ve really gotta send the child somewhere” (Katherine)

The carers’ accounts also indicated that the need for breaks from fostering varies depending on the child or children they are caring for. Paul, Lisa, and George all reported that this need is greater when children are more challenging.

“I think that the ones that need respite care are the ones that have got challenging children. Because if you haven’t got challenging children then you’re quite happy to keep them around you all the time, sort of thing” (Paul)

In addition, for Lisa the need for respite was greater when caring for more children, and her agreeing to take on the care of three siblings was dependent on receiving regular breaks:

“that was one of my things if I take three children I want once a month a weekend off.” (Lisa)

The benefits of respite care. All carers described some benefits, or potential benefits, of respite care for the carer and the family as a whole.

Breaks from caregiving. A primary benefit of respite care described by all five carers was the opportunity to get a break from caregiving, where they can have some time to

recuperate by resting or doing something for themselves. In particular, Katherine spoke of this frequently, suggesting how beneficial it has been for her:

“I think sometimes it’s just that downtime to go and read a book, to do something mindless that you can’t do when you’re watching what everybody else is doing and it has its... there’s been times where it’s been really really good” (Katherine)

Katherine went on to describe the importance of having time to do something for herself, beyond just resting and relieving tiredness:

“and I think it’s also about having time out that’s something that gives you something back.” (Katherine)

For Paul and his wife Carol, respite enabled them to partake in social activities or go away for a weekend. Paul emphasized that these breaks were not required because their children were challenging, but because they wanted to be able to do something fun for themselves:

“It wasn’t because the child was naughty you know? It was just we just wanted to go away for a weekend” (Paul)

Katherine also illustrated how respite can lessen caregiver stress by providing opportunities for carers to complete certain chores or jobs around the home:

“I mean sometimes it’s stupid things like cleaning the garage out or... those things that just weigh on you and you really wanna get done, and so you know it’s being able to do those things” (Katherine)

While this can be an important benefit of respite care, upon elaboration Katherine clarified that using respite solely to complete chores is unlikely to benefit carers as this does not help them recuperate and carry on managing the demands of fostering:

“these friends that used to get respite care for their kids so they could clean up the house in the weekend. Oh god what a waste! You know it’s pointless if that’s all you’re gonna do with it ‘cause you’re not gonna come back up again.” (Katherine)

Paul and Katherine illustrated how this benefit of respite may not always be achieved. The following extract illustrates the tension Katherine had experienced between attaining a break and having to deal with her child's behavioural reactions upon returning home:

“when I look at sending him away I always think twice because I’ve gotta think... well is it actually for his benefit, or is it for mine, and am I gonna have more to pick up at the end of it than I had at the beginning of it? I mean is it actually gonna do me any good or not?” (Katherine)

Paul similarly described how the potential benefits of respite had not been attained in his experience considering the effect of attending respite on his children. Consequently, the opportunity to have a break from caregiving was no longer worth it:

“they’ve offered respite care to us now subsequently and I’ve just said no, it’s not... even though we may need the break it’s better off not having the break and having the kids how...how they should be and not sending them away and getting them back and then spending the next five weeks trying to get them back on track again, it’s just not worth it.” (Paul)

Both Paul and Katherine also described respite not being a beneficial break as they would spend the time worrying about their foster children:

“‘cause we would spend all weekend worrying [...] how can you say that’s giving us respite as well? It’s not.” (Paul)

“You don’t switch off from your kids ever do you?” (Katherine)

Caregiver coping and placement stability. Katherine, Lisa and Ray’s accounts indicated that respite can help carers cope with the demands of fostering. Katherine described how regularly available short breaks can assist carers in coping and encourage their well-being:

“the tireder you get, the more desperate you get for a break, the less able you are to cope at home. So if they’re regular, even smaller gaps, but regular, then you’re not getting as far down the spiral of being had it” (Katherine)

On the other hand, Katherine suggested that without respite care it is harder to deal with the challenges of fostering and carers may have less patience:

“I think when you get frustrated and can’t get the time out then the stuff with the kids seems a lot bigger somehow. You deal with things, but I don’t think you have as much patience. Um... and if you’re tired, even more so.” (Katherine)

Similarly, Lisa felt that without respite care fostering was more of a struggle and she had less resilience as a caregiver:

“It is a lot more draining. Absolutely. Yeah you don’t have the... how do I say that... the resilience anymore. [...] it gets more a drag. And that’s not really good” (Lisa)

Ray explained that even knowing that there are certain times when the child will be elsewhere can help carers persevere if they are finding it hard to cope. This means things can be planned for that time and carers can have something positive to look forward to:

“So things can fall apart pretty dramatically and I think that having, you know, if you can say, right well there will be at least 2 days in the month where this child will be somewhere else, and you can start planning a bit of life around that” (Ray)

Lisa exemplified this potential benefit of respite care when describing how regular and frequent respite has helped her cope with caring for a particularly difficult child:

“He is actually at the moment every weekend away. I can’t handle him otherwise. He is terrible, he is terrible! He really grinds me down...” (Lisa)

Having respite regularly has made caring for this child “doable” for Lisa, as she has respite provided every weekend and can “start fresh again Sunday afternoon and have another five

days". She goes on to describe that respite care has enabled her to continue caring for this child, as she believes she would have ended the placement without these breaks.

"Otherwise he would have been out already. [...] It doesn't take that long until you give them a kick in the behind, and 'pack your stuff and go!'" (Lisa)

Ray also discussed a possible link between respite care and placement stability. He believed that carers are less able to cope when not receiving regular breaks and therefore get burnt out and are unable to continue fostering:

"there would be more good carers who give up caring for other people's children because they're burnt out and basically can't go on another minute and the child has to go. And so all the work they've done with the child at that time becomes history, and in some cases quite sad history, because of the lack of giving the carers some time. And, basically, a good deal of the time that's all they need is just the child to go away for a bit" (Ray)

Family well-being. Katherine suggested that respite care can have a benefit for the whole family, as foster children's challenging behaviour can impact other children in the family and the dynamics between family members. Through providing respite, carers can take care of other family members where there may be tension or frustration as a consequence of living with a child who has particularly challenging behaviour:

"it's not actually only about the child and the caregiver; it's actually about the dynamics in the family too. And you know when things get to a point where... somebody needs to have a space, it's often because the siblings have rubbed up against each other, or there are things that are going on and... they're kind of... fighting for space, and sometimes they need to have the time so that you can deal with the other, whoever it is" (Katherine)

This consequently enables the other children in the household to have their needs met:

“it was so nice to take the other child that doesn’t have a problem out because they miss out. [...] and all kids need their own, I mean they all have such different needs which is the hardest part of it.” (Katherine)

Theme 3: Concerns about Agency Provision of Respite Care

All five carers described concerns to varying extents about the agency provision of respite care, which had arisen from their experiences. Throughout their accounts additional concerns, unrelated to respite care, were frequently included, suggesting that their concerns regarding respite were part of a broader range of frustrations with the child welfare system. For the purpose of this thesis, only those concerns relating to respite care have been reported.

Frustrations dealing with Child, Youth and Family. The carers described a number of frustrations relating to their use of respite care when dealing with the CYF organisation. Paul and George both shared the view that considering CYF have uplifted the child it is their responsibility to ensure appropriate care, including providing carers with adequate support and assistance.

“So the state needs to take, in my view, a much clearer responsibility. If the children are taken into care that decision should be the water shed for appropriate care and financial support, but that isn’t the case.” (George)

However, the following comment by Ray indicated that this was not commonly experienced:

“the services they give to their caregivers is appalling quite frankly” (Ray)

Katherine and Lisa described how respite care is often not provided until serious problems arise, even when carers identify a concern and ask for assistance:

“and it’s like you can put your hand up and say there’s a problem but you’ve really gotta get really desperate for anybody to actually take it seriously” (Katherine)

This was also exemplified by Lisa, who believed that her concerns about her foster child's worsening behaviour were dismissed by CYF:

"Child, Youth and Family should listen more to foster parents. When they have concern they should take it serious. Because that was the problem. As soon as I said something about it, uh the behaviour from Logan, 'oh it doesn't matter, they boys do that', [...] they didn't do anything about it" (Lisa)

Consequently, she reported only receiving the respite she requested when the situation became serious:

"they only do it in an urgent case, otherwise they are not there. And on a certain time my husband took over and he said 'if you don't come and get him now he will be on the street with everything he has' And then they were there" (Lisa)

Paul expressed frustration that the organisation of respite care was frequently left to the last minute, and when requesting it he stated that *"they don't come back to you quick enough"*. Paul described an incident when a request was made for respite two months before a trip Paul and Carol had planned; however they were informed the day before they were due to leave that there was no respite care available:

"and a day before they... we were meant to go, they rang up and said 'we can't find any care for them, we can't find anywhere for them to go' and I said 'you're joking me,' [...] we've bought the tickets you know, they were two hundred and something dollars each" (Paul)

Paul went on to describe how this experience resulted in feelings of imprisonment to Child, Youth and Family:

"Really, to be a carer you're a prison officer and a prisoner at the same time" (Paul)

Katherine and Paul described frustration at being left to organise respite themselves on some occasions. Although foster carers *"actually need the professionals to get involved"*,

Katherine described from experience that *“often they leave it to you to do it”*. Paul expressed considerable frustration about this, as he felt that this was the social worker’s responsibility:

“So our question is why was it our job to find respite care for the child, is it not... what do the social workers get paid to do?” (Paul)

George shared his frustration that foster carers are *“financially penalised”* when using respite care. Considering he had given up work to dedicate himself to fostering full-time, George and his wife relied on the children’s board payments to pay the bills. However, when children are away for respite, the foster carers do not receive any payment for that time.

“if they’re not here we don’t get paid for that night... the fact that everything is still there and provided for doesn’t seem to come into the equation.” (George)

He described how this can result in financial strain as any money less than the usual can disrupt the planned budgets and impact their ability to pay bills and keep the household running:

“If you’re budgeting that we get so much from CYFs each week that’s gonna pay this and this and this for their bills or whatever, and all of a sudden it doesn’t come in for a week [...] and yes the child might not be eating the food for that week... but you’ve often already spent the money on the food and things, so you actually need that money for something else, for other costs or whatever.” (George)

Difficulties accessing respite care. All five carers described difficulties accessing respite care, as shown by comments such as *“when you need it it’s not there” (Paul)*, *“I had to fight for it” (Lisa)*, *“it usually didn’t materialise” (George)* and *“very hard to get” (Paul)*. Carers attributed these difficulties to both a lack of available carers, *“there are not a lot of people out there doing this stuff” (Katherine)*, and a lack of commitment by CYF to arrange and provide respite, *“other times later on when it was very necessary, I actually really wanted there-and-then respite care; nobody really from CYFs bothered” (Lisa)*.

Katherine described how the amount of respite available for some children may be insufficient, which she had experienced when caring for a young child with disabilities:

“we got respite care but it was 12 days a year, which went nowhere” (Katherine)

George described being offered respite care but this not occurring when they were unable to find any respite carers willing to care for their child with complex needs:

“we were offered a reasonable amount with the high and complex-needs boy. On the occasions we said yes it usually didn’t materialise because we couldn’t find anybody... because everyone shied away, he’s got a reputation” (George)

Paul described a similar issue when attempting to get respite for adolescent foster children, as carers may be reluctant to take them on considering the behaviours that may be present:

“who’s going to put their hand up and say ‘yip I’ll have this 15-year-old in my house for respite care’ and then you get told, you know, what some of the behaviours could be” (Paul)

Lisa and George described the advantages of children attending the same respite home regularly. However, as stated by Lisa *“it’s really difficult to get [respite] on a regular basis”*. George explained how this is even less likely for challenging children as carers are unwilling to have them return:

“especially when the child has ugly characteristics [...] caregivers go ‘no that kids not coming back’ and they don’t, they don’t go back. So you’ve got that happening so they keep getting pushed on and on to all these different places”. (George)

The respite care provided is not in child’s best interests. The carers’ described frustration that the decisions and arrangements made were often not in the child’s best interests. George and Paul also expressed that while CYF claim that *“the child is all that matters” (George)* there is no accountability for the professionals making these decisions:

“They need to be held accountable for every single child.” (Paul)

Paul, George and Ray all described the role of money in the decision making process, as they believed many decisions are driven by minimising costs.

“So I don’t think the best outcomes are often achieved, to be fair. The cheapest outcome is often achieved, but even then it’s short-term cheap” (George)

Paul exemplified this by describing an occasion where he was offered respite in a Family Group Home for his teenage foster child. Since this kind of respite had previously been inappropriate for this child, Paul and Carol had attempted to organise alternative arrangements. However, these had been refused due to the associated costs:

“She actually said that they’re not going to fork out \$300 to have someone come and sit here and look after the boys when they could put them in respite care and it will cost them \$22. So it is come down to money, which is absolutely disgusting.” (Paul)

Although the most appropriate arrangements may be more costly at the time, George suggested that these costs may end up saving money in the long-term:

“At the end of the day, settled placements and good mental health as well as the physical things has got to save the country a mint long term” (George)

George, Ray and Katherine also discussed the possible benefits of paying respite caregivers to encourage a better quality of care at respite. Ray suggested that carers who are particularly well-equipped for this work should be recognised and receive some financial remuneration:

“One thing that could be done for caregivers generally and respite caregivers is some sort of assessment of caregivers might be given, and therefore those who have [...] a high degree of professionalism to apply to it, as against people at the other end of the scale that might be recognised and rewarded accordingly” (Ray)

Katherine described how this could ensure that the carers providing respite have the ability to deal with the challenges they may face:

“they don’t have any higher rate that they pay and the thing is when you’ve got children with high special needs like... who do you find whose got some skills in knowing how to deal with [their special needs]” (Katherine)

Paul illustrated how some decisions are made depending on what is easily available rather than being in children’s best interests. He described an occasion when CYF placed two of his foster children in the same respite home, which was not in their best interests at this time as they were frequently fighting to the point of being at risk of harm to each other:

“we told them when they left ‘don’t put the boys together um... they’ll fight too much.’ Well... one stabbed the other one; well they were not only put in the same house, they were put in the same room” (Paul)

Paul believed that if social workers would “*think outside the square*” when making decisions about respite arrangements then each child would experience respite in a way that is appropriate for them:

“there’s lots of different ways that you could, you know, do this respite care thing” (Paul)

Professionals do not understand the need for respite care. Katherine, Lisa and Ray all expressed frustration that the need for respite care is often not understood by agency professionals. This is exemplified when Katherine described her dismay of being offered so little respite for a child with severe physical and mental illness:

*“and I just looked at her with my mouth wide open and said “you have got to be kidding” [...] I thought “s**t! They don’t understand this!” (Katherine)*

Katherine went on to show how exasperating it can be when professionals do not acknowledge the demands of caring and act accordingly to provide support through services such as respite care:

“I mean I’m a fairly resilient person, by golly it’s pushed me to the edge sometimes because they just don’t... there’s no acknowledgment um... of the realities of being tired and trying to find a solution that’s gonna work best.” (Katherine)

George proposed that social workers may not be able to understand carers’ experiences considering they are not allowed to foster themselves. He suggested that having personal experience of fostering may enable these professionals to understand the importance of respite and other types of support:

“One of the things that seems to be a rule for them is that they’re not allowed to foster. I would love to know who makes up these rules! Because I think it should be compulsory for a couple of weeks or so they can see things from the other side. [...] And I think it would change a lot of how things are done.” (George)

Theme 4: Features of Respite that Carers Attribute as Contributing to its Psychosocial Effects

Throughout the accounts, all five carers discussed a number of features relating to the movement between home and respite environments that they perceived as impacting the children’s well-being and contributing to the negative psychosocial effects observed. While this was described by all the carers, they varied in their awareness of this and their insight into how this experience may be perceived by a foster child. These features have been organised into categories; however it is important to note that these are not clearly differentiable and there is considerable overlap between them.

Sense of security in the foster home. One idea that was evident throughout the carers’ accounts was that moving children from their long-term homes for respite often impacts their sense of security in their placements and the security within their relationships with carers. This is clearly exemplified in the following comment made by Katherine:

“if I sent him away to an environment he didn’t know it would just turn to custard and I’d be having to start to build his sense of security all over again.” (Katherine)

Katherine described how children’s early experiences of rejection and abandonment are deeply engrained, causing them to expect this again in their foster families:

“they can repeat what’s happened in their own ...um... generic family ...um ...again with a foster family or even if they’re in long term care that early stuff doesn’t seem to go away particularly well, so when they’re moved it comes...always comes with a message.”(Katherine)

She exemplified this when describing the struggle her foster child has with respite, as he questions whether Katherine will still be there when he returns, or whether he will be permanently removed:

“will Mum still be there when I come back... you know all that sort of questioning. [...] these kids carry this stuff” (Katherine)

Katherine went on to explain how this is even more pronounced with children who have had a number of placements, as moving to a respite home may trigger these expectations of rejection and signify for them the disruption of another placement:

“lots of the CYFs children have had numerous placements and they’re used to respite care equalling moving on, ‘cause that’s the other message they get” (Katherine)

George also suggested that telling children that they aren’t leaving permanently does not provide much reassurance, as they have *“heard that all before in the past”* in placements which have subsequently broken down. He continued on to describe how difficult it must be for children to understand the difference between the removal from their home with respite care and another placement disruption as they have been moved so frequently:

“And I put myself in their shoes a lot of the time and think ‘gosh, if I was in their place and had been moved that many times how would I feel?’ Oh the confusion! And I just think ‘wow’; it would just be far too hard.” (George)

Katherine illustrated how children’s sense of security in their relationships can be affected by the use of respite care. She attributed this to the attachment issues these children often have, and exemplified this by describing how this was true of her foster son who still feels uncertain and vulnerable in his relationship with her:

“yet he still has attachment issues, he still has times when he feels very vulnerable and um... [...]... he just needs to know that I’m there” (Katherine)

Katherine described how some children in her care have perceived this movement as an indication that they are not loved or wanted, which resulted in them feeling more insecure in their relationship with her upon returning home:

“he’s come home more of a mess, more uncertain, and thought I didn’t love him that’s why I sent him away” (Katherine)

She found that children’s heightened insecurity can then be difficult to deal with, as their perceptions of being unloved are misguided:

“some kids have got very angry at being sent away and have come back saying ‘you don’t love me, you don’t care about me and mehhh’ and that’s really hard work ‘cause it’s not like that” (Katherine)

These experiences had shown Katherine that for children in care *“that whole psychological thing of ‘am I still wanted’ is huge!”* This had reinforced the importance of helping children maintain their sense of security when moving between different home environments:

“And it’s that whole process of coming from one environment to another, still feeling loved and cared for and yet knowing that going somewhere else is OK too.”

Considering the impact of respite on children's sense of security, Katherine suggested that providing respite without removing the child from their home would be more successful:

"but I think the people who come in and take kids out for a while [...] somebody who would do that for a couple of hours in some ways gives the kids still their security, but you've got a space, a window to do something in." (Katherine)

This response, along with other carer suggestions of how respite could be implemented to maintain a child's sense of security, will be discussed further in Theme 6.

Inconsistency between foster and respite environments. The importance of consistency between foster and respite environments came up in all five accounts. These environments are always likely to differ in some ways, but certain inconsistencies were described by the carers as being particularly difficult for foster children to manage. Katherine described how this can be more pronounced for some children, as *"some kids deal with being left and change better than others"*. However, she did suggest that most children in care have difficulties to some extent managing inconsistency and change, which may be attributed to their attachment difficulties:

"So the change between any environment, actually I think for most children who are in care, most of whom have attachment issues of one variety or another, um...it is an issue" (Katherine)

George also described how a particular child had pronounced difficulties with this inconsistency as he had autism and relied on rigid routines and patterns in his life:

"it was more work picking up the pieces after than it was... um... he took a long time to settle back in, he was autistic. He thrived on stability and uniformity of patterns in his life. [...] So ... yeah it was unsettling when things ...when that pattern was changed." (George)

Caregiver lenience and implementation of rules. One inconsistency described by all five carers was variation in parenting style and the leniency or strictness experienced in the respite home. Paul stated how difficult it is to get respite carers who parent similarly to themselves, despite consistency in this area being important:

“everybody needs to parent the same way. You know? And that’s what we find that’s really hard is to find someone that does the same parenting as what we do for them to be able to go to respite care” (Paul)

Paul, Katherine and Ray described how parenting at respite often differed because respite carers were overly lenient and allowed children to get away with things that would not happen in the home environment. Ray described how easily this can occur:

“The easiest thing for respite caregivers to be is, um you know, the soft cop. ‘Oh you don’t have to go to bed, oh no, you can stay up until half past 10 if you want to’ [...] that sort of thing. It’s so easy to sort of buy friendship from a damaged child” (Ray)

Paul similarly described how a lenient approach can be easier for respite carers, as it may prevent them from having to deal with the repercussions that may arise if they put limits and consequences in place:

“why ask them to do something when all you’re gonna get is abused and whatever, so the carers do everything and the kids are just left to do whatever they want” (Paul)

Katherine and Lisa also found that some respite homes had fewer rules and they were often not enforced adequately:

“I think in the respite care thing she was given a bit more freedom. [...] um... the rules in this house were quite different” (Katherine)

“you certainly have to set rules... and I think they didn’t exactly do that” (Lisa)

Paul, George and Ray described how these inconsistencies affected children's behaviour when they returned home from respite, as they expected this leniency and lack of rules to continue. This is illustrated in the following extract from Paul's account:

"But when they go away to respite and they don't get that, they expect what they've just come from, and it ain't gonna happen! [...] that makes it hard when they're actually coming back because they just think that they can treat you the same" (Paul)

George explained how it can also be confusing for children when they attend respite homes with different rules, as it makes it difficult to know what is expected of them:

"All these different houses [...] you're allowed to do this or you're not allowed to do that and it gets confusing. Because everybody's different and every house is different, and it does keep chopping and changing." (George)

Disruption of routines. Katherine, Paul and Ray all spoke of the difficulties that arise as a result of routines being disrupted when the child is at respite. Katherine believed this to be inevitable, as all carers run their houses slightly differently:

"and nobody runs their house the same as you do, for any of us, and so whatever the things are that kids pick up as clues as to this is now gonna be bedtime or whatever, um... you can't say to the next people 'now this is what you've gotta do', I mean they'd say well go take a hike!" (Katherine)

Despite her viewing this as unavoidable, Katherine described experiencing difficulties re-establishing routines after they had been discontinued during respite:

"So she'd had a whole weekend of ... not the routine she had at home, and it was just so hard to get it back in again..." (Katherine)

Paul had also experienced difficulties re-establishing routines after respite, and found it particularly frustrating considering the time and frequent repetition that was required to establish these routines that were then lost so easily when not carried on at respite:

“you’ve gotta keep reminding them! But if you do it enough they start doing it for themselves, but if they go to somewhere and that’s not happening it gets lost. And then when they come back you’ve gotta retrain again and remind” (Paul)

He described the negative effect this disruption of routines can have on children’s behaviour, as well as their life skills and completion of tasks around the house:

“stuff they’ve been taught is untaught. Things like self-hygiene, things like getting up and offering to set the table, or get the firewood in or things like that.” (Paul)

This was supported by Ray, who described the necessity of respite carers adhering to the child’s usual daily routines if these are to become well-established. He similarly described an effect on the child’s behaviour if this is not implemented within the respite home:

“If you’re trying to put in place some kind of an ordered, structured regime for the child, the respite caregiver needs to buy into that and be quite... everybody to be quite certain. And of course if they don’t then that immediately comes apparent for the full time carer when they come home. [...] then you’ve got to pick up the pieces” (Ray)

Katherine suggested that one particularly important routine to keep consistent is the bedtime routine, as this can be especially difficult for carers to deal with when the child returns:

“and it’s the night time thing that people don’t follow what you do [...]and that happens a lot with the respite care thing; kids would be up at night because they’ve got out of the routine and you’ve gotta get them back into it again”(Katherine)

Entertainment and activities. The carers also described inconsistencies between home and respite environments in terms of the activities and entertainment available to the child. In Ray’s experience, respite environments often involved children receiving special treatment and the provision of constant entertainment. He found that it can then be hard for children to adjust back after respite, as *“in a normal house that isn’t what happens”*.

“And basically it was wall-to-wall entertainment for the entire time when he was in their company. So... then you’ve got to pick up the pieces and put them back and sort of put the child back into the life framework that you’ve set up” (Ray)

Katherine and Ray described the importance of ensuring that activities or sports that the child is regularly involved in are carried on at respite. Katherine believed this to be beneficial as it helps keep some things constant despite changing their home environment:

“they’ve got perhaps rugby or something else that they do which are still...which they try to keep as constants. So that not everything’s changing.” (Katherine)

Ray also described the importance of maintaining a child’s involvement in any regular activities that have been set up by the long-term carers. For Ray, establishing these activities was an essential part of providing foster care, as they provide some structure for the child’s life, as well as being arranged to contribute to the attainment of life goals that have been determined for the child. Therefore, ensuring they were continued on by the respite carers was hugely important so that respite does not become *“an occasion for the work that you put into the child to fall apart” (Ray).*

“We try and organise the child to have some kind of... some things that are for him or her particularly to add structure to the week. [...] So we want those things to carry on when they’re in respite, not just to say ‘oh it doesn’t matter’ because it does” (Ray)

Managing changes. Katherine, George and Ray all spoke of the difficulties many children have managing change. Katherine described how for some children any change is a negative experience, which she exemplified when discussing a current foster child:

“And if you change anything, I mean we bought new duvet covers, you know we change... change anything and he just loses it, so actually changing the whole environment is really really difficult” (Katherine)

She attributed this to him not knowing how to cope with these changes, and consequently respite has been unsuitable as he comes back so unsettled:

“...it’s just different, and like ‘how do I cope with the differences and the changes’. And so for him, respite care backfires badly. Um... and the times I’ve sent him away for respite care they’ve just been hopeless! ‘Cause he’s come home more of a mess”
(Katherine)

Katherine went on to describe how these difficulties coping with change led to observable behavioural reactions, which occurred even when the respite environment was positive:

“if he’s going into any new environment, doesn’t matter whether it’s a good environment, any new environment at all and he gets really anxious and he behaves abominably before he goes” (Katherine)

Ray described how foster children may struggle coping with change when the changes they face are particularly substantial:

“And sometimes it’s just because the respite caregiver environment is just so different. For instance with a child we’ve been caring for went to respite in a country [...]it was just too different, it was just messy and you couldn’t rely on where you put your feet down what you were gonna stand on. So it wasn’t as if... I mean the caregiver herself was an absolute soul of generosity and a lovely person, but for the child this was just a step... a bridge too far” (Ray)

As a consequence Ray described how she “*didn’t want to go there again*”.

Adjusting and transitioning between foster and respite homes. Paul, Katherine, George and Ray all spoke of the difficulty some children have transitioning between their foster and respite homes. In George’s opinion, a lot of this difficulty relates to the child’s uncertainty about what the respite environment will be like:

“a lot of that might just be because they’re terrified. When they first arrive they don’t know what to expect” (George)

Katherine attributed these difficulties to the fact that the respite and home environments can be very different:

“it’s a totally different house to what he has here. I’m not saying I’m any better or worse, it’s just different. So it can actually take them a while to adjust to a different environment” (Katherine)

From experience, Katherine had found that certain ways of doing this transition helped the child cope better. For one child, using preschool as a halfway point was effective:

“and she came home really settled because she came home via preschool and they um... yeah I dunno she was always settled and she was in a good space when she came home from it.” (Katherine)

For another child, Katherine had discovered that he settled into the home environment much more easily when he was dropped home instead of being picked up:

“we’ve worked out that if I go to pick him up from her place he’ll put out an absolute paddy. [...] But if I leave her to bring him back it’s OK. So it’s how to leave one place and ... that whole leaving and coming back again is huge stuff.” (Katherine)

Theme 5: Psychosocial Effects of Respite Care on Foster Children

This super-ordinate theme is comprised of the psychosocial effects of respite care on foster children that were subjectively described from the carer’s experiences. The observed effects were in the domains of behaviour, self-perceptions, relationships with caregivers, and social behaviours.

Behavioural effects. Four of the carers described behavioural reactions that occurred with respite care. Katherine described how children's behaviour often deteriorates prior to leaving, and she recounted a recent occasion with a particular foster child to illustrate this:

"and sometimes kids also react... well I found there's several reactions. One before they go they often wind up and Manaia was so naughty on Saturday ... ugh just awful!" (Katherine)

She explained how this behavioural reaction appears to arise from anxiety about the changing environment, which occurs irrespective of the environment that he is going to:

"if he's going into any new environment, doesn't matter whether it's a good environment, any new environment at all, and he gets really anxious and he behaves abominably before he goes...[...] we have this performance that goes on" (Katherine)

Paul, Katherine, George and Ray all described a change in behaviour that often occurs when children return from respite. The following extract from Katherine exemplifies this behavioural effect as she describes a child who was particularly defiant when returning home:

"Jenny in particular was just a mess when she came home. She would push all the boundaries, she would just do whatever she could to upset... she would walk in the door and five minutes later would have her younger brother in tears, she just ... she came from that experience back into home and it nearly took you a whole week to sort her out again" (Katherine)

Katherine described how this kind of behaviour often emerges as these children struggle to cope with this unsettling experience:

"I think that's why the behaviour often acts out, it's not that it's a bad thing to go but it's just like... the coping" (Katherine)

In addition to defiant behaviour, Katherine had observed children behaving abnormally as a consequence of the stress experienced:

“And it just gets them really stressed and then they behave in whatever peculiar ways and the same thing happens at the other end when they come home” (Katherine)

Paul and Ray suggested that children’s poor behaviour when returning home often occurs in response to caregiver leniency or a lack of structure in the respite environment:

“There is generally a fall-off in behaviour, and generally speaking it’s because of the sort of um... the indulgent attitude very often respite caregivers will have” (Ray)

Paul illustrated how caregiver leniency can also contribute to this deterioration in behaviour as children may have had opportunities to learn antisocial behaviours through peer influence:

“Charlie come back doing drugs, alcohol, [...] got some terrible habits” (Paul)

For Paul, Katherine and George, these behavioural reactions to respite lessened the benefits of this service and made them consider it *“not worth it” (Paul)* in some cases. This is clearly illustrated by Katherine as she describes the tension between having a break and having more difficulties to deal with after these breaks:

“because I’ve gotta think, well, is it actually for his benefit, or is it for mine, and am I gonna have more to pick up at the end of it than I had at the beginning of it? I mean, is it actually gonna do me any good or not” (Katherine)

Similarly, George reported not utilising respite for a particular foster child considering the effort that would then be required dealing with his behaviour upon returning home:

“And to be fair we didn’t bother asking much for it with him because it was more work picking up the pieces after” (George)

Self-perceptions. All five carers believed that respite care had an effect on children’s perceptions of themselves and their sense of self-worth. This is clearly exemplified in the following comments made by Paul:

“they don’t come back with any self-esteem or any self-worth” (Paul)

“It’s almost as if, as if he doesn’t like himself, he’s got no respect for himself, and if you’ve got no respect for yourself, you can’t respect others” (Paul)

He had observed this most clearly with one foster child, who he described as *“real emotional when he returned”* and *“a lost soul... real lost soul”*.

Katherine explained how this can depend on the way children understand this experience, which is influenced by the way respite care is presented to them and the messages that they get about this movement from their carers and the other people involved:

“And a lot of it is how you present these things” (Katherine)

“it’s also the going and the coming and the message they get about going and coming” (Katherine)

Katherine and Lisa illustrated that children can perceive respite as being sent away as punishment because of their own poor behaviour or something they have done wrong.

“they immediately think it’s something they’ve done. Always they think it’s something they’ve done” (Katherine)

“He thought it was a punishment to go. I said ‘look Logan, it’s not like that. It’s so I can have a breather.’” (Lisa)

Katherine described how in some cases this is explicitly communicated to the child:

“And a lot of kids in CYFs care are being told that they’re... you know, ‘you’re just a pain, you can go to respite care, I’ve had enough of you’. I mean I hear that often being said and I just think that gives the kids just this horrendous image that they’re sent away because it’s their fault. And often it hasn’t been at all” (Katherine)

Paul also described how this could be further reinforced for children if they are the only family member being sent away:

“for him to be removed he’s thinking, you know, why isn’t everyone else going” (Paul)

However, both Katherine and George illustrated how these effects on children's self-perceptions can be helped if respite care is presented to them in a more appropriate manner:

"Like that was an acceptable thing to say, that you're going out to do something different [...] they thought that was OK" (Katherine)

Relationships with caregivers. The carers discussed the effect respite care can have on the child's relationships and their sense of belonging within the foster family. Paul found that his foster son's relationship with himself and his wife Carol was strained when returning from respite, which usually resulted from the child feeling unfairly criticised when Paul and Carol enforced rules and tried to manage any challenging behaviour:

"then when you say... you know 'don't do this, don't do that' then it's like 'oh you're always picking on me'" (Paul)

Katherine described how respite could have an impact on the caregiver-child relationship by lessening the child's trust of their carer and affecting the developing attachment:

"all of a sudden the trust patterns that were there and the attachment that was there starts getting a bit rocky again" (Katherine)

For one particular child Katherine did not utilise respite care, as she believed that it would be detrimental to this child's ability to trust her and would have a considerable impact on their relationship.

"if we'd taken her away for a whole weekend we'd have had this whole thing of how do I trust you again when she came back?" (Katherine)

In contrast, Lisa and Ray both believed that respite care had been positive for their relationships with their foster children. In Lisa's opinion respite can provide opportunities for both the carers and the child to start with a clean slate, leaving behind the tensions and stresses of the previous week:

“it was also good after.... you start practically again, isn’t it, after a couple of days break you start again. It is quite often that you are fresh and you don’t start again with what happens in the week before or anything like that” (Lisa)

Ray found that this enabled carers and children to be pleased to see each other again:

“so when they come back it’s happy happy happy, you know ‘we are so happy to see you come back again’ and so on”. (Ray)

Social effects. Lisa, Ray and George all described how respite care can provide children with opportunities to meet new people, and develop relationships with other children and carers. Lisa believed that this could be very beneficial:

“I think it is a good thing that the more kids they meet and the more people they meet, I think it’s a good thing” (Lisa)

George spoke specifically about the benefits attained at respite through socialising with other children. In his opinion, foster children were able to learn a lot from other children that carers themselves are unable to teach:

“There are so many things the children learn from each other that there’s no way we could teach them” (George)

However, Lisa illustrated that respite care does not always provide these social benefits when describing the severe bullying that her foster child had experienced:

“but in that case they were really picking down on him, that is not a very good social experience” (Lisa)

Theme 6: How Respite Care Could be Improved

When discussing their experiences of respite care all five participants spontaneously described some ways respite care could be improved or done differently. It is important to

note that the content obtained in the other themes is also likely to allude to ways respite could be improved, but this theme only includes those things explicitly stated by participants.

Different ways of doing respite. The carers' responses suggested that although respite care is currently provided in a one-size-fits-all approach, there are ways it could be carried out differently that could be more appropriate. This was clearly exemplified by Paul:

"You know, you don't even need to be a rocket scientist to work it out, but there's lots of different ways that you could, you know, do this respite care thing" (Paul)

These alternative approaches suggested by the carers included short breaks, respite in the foster carers' home, and respite care camps.

Short breaks. Paul, Katherine, George and Ray suggested that on some occasions carers may just need a short break where they can recuperate and do things for themselves.

"so even if it's only three or four hours on a Saturday afternoon, that can be really good relaxation or down time" (Ray)

Although these shorter breaks of just a few hours can be beneficial for carers, Paul indicated how currently respite is classified as an overnight stay:

"they restrict respite to overnight. It doesn't have to be, it could just be come pick the kids up in the morning and take them on an adventure for the day, and give the parents a bit of time at home by themselves." (Paul)

Ray emphasised the importance of these short breaks as they provide carers with opportunities to go out for special occasions, social events, or even just a meal together:

"They also need to plan, you know, activities while they're caring for the child [...] so that you can get out to an evening together you know, just to get out for a meal together or whatever" (Ray)

Ray went on to describe the importance of these times for the carers' own well-being considering the demands of fostering and the need for opportunities to release these tensions:

“the caregivers need to be careful about their own social health as it were, ‘cause it can be... it’s just that, as I said at the beginning, it’s unrelenting and the tension’s always there, so you need opportunities for that tension to dissipate to, um... you know, have some time to yourself.” (Ray)

Katherine also exemplified this as she described how beneficial it was when she was provided with breaks of a few hours per week some time ago:

“we always got an evening out and went out for tea and did the shops and puddled round and it was lovely” (Katherine)

For Katherine these breaks were hugely valuable and helped her carry on with the demands of fostering, as they provided opportunities to do things without having to supervise children:

“just going down to the shops and not having four pairs of hands that are investigating everything along the way, being able to sit and have a coffee and just... dream around... (laughs) not have to sort of ... yea I mean it is, those sort of things top you up a little, and you need to have those every week.” (Katherine)

Katherine and Paul both explained how suitable this kind of respite care could be, as carers could have timeout from fostering while maintaining their children’s sense of security:

“somebody who would do that for a couple of hours in some ways gives the kids still their security, but you’ve got a space, a window to do something in. And that seems to be the important bit for me.” (Katherine)

This was exemplified by Katherine as she described how successful this kind of arrangement was for one foster child in particular:

“they would come in and take her out for the day, or ... um take her out in the evening to do something. So that gave us other spells, and they tried to consistently do that so that she knew she was going but she was coming back. [...] I think that sort of respite for her, and for us, actually worked better. Um... if we’d taken her

away for a whole weekend we'd have had this whole thing of 'how do I trust you again?' when she came back" (Katherine)

Respite in the foster carer's home. Paul and Katherine believed that having respite carers come into their home while they have a break is often a better arrangement. Paul considered this to be beneficial as it enabled children's routines to be left undisrupted and prevented them from perceiving respite as rejection from the family:

"I don't think respite care should be just classed as taking the kid away from the house they're in. I mean that's not good for the child to think that they are being ripped away from the family that they're in. Respite care to me would be better off someone coming into the home and letting the parents go away and have a break, and leaving the child in an environment that they're accustomed to and happy to be in. [...] and then you're not disrupting their routine and stuff like that" (Paul)

Despite only receiving respite care in this manner once, he spoke positively of this experience and stated that his foster children *"enjoyed it so much"*. In addition, observing the negative impact of inappropriate respite care on his foster children on other occasions had reinforced his belief that respite in the child's own home can be a far better arrangement:

"they do come back damaged. I'm convinced of it. And that's why I'm saying for respite care why take your child out the place he's so comfortable in" (Paul)

After these experiences, Paul was confident that this arrangement was more appropriate and should be considered by CYF:

"respite carers need to come into your own home. That would be... a very strong recommendation that I would... um... put forward" (Paul)

Katherine had also experienced this kind of respite care as a one-off occurrence. She likewise found that it was a better arrangement than typical respite care:

“when I think about it, having everybody here with somebody who came in here was actually far far better” (Katherine)

On this occasion, Katherine organised a respite carer to come into her house while she spent a weekend away. She believed that this was successful as it enabled consistency in terms of the environment and the routines that were in place:

“I had somebody who came into the house. That actually worked better for me than having the kids go away from the house. What happened was that this person came into the house, she cooked the meals, the kids all slept in their own beds, they did what they would normally do on a Saturday and Sunday, and I was away and that was all that was different. Now that worked! [...] And it was awesome! Worked really, really well. It’s that whole thing of kids being with what’s familiar”. (Katherine)

Katherine described how this could maintain a child’s sense of security as they do not experience removal from their home, which may be wrongly perceived as “*moving on*” (Katherine), or not being wanted, as discussed in Theme 4. She went on to explain how this can consequently lessen the behavioural and psychological effects that are often observed:

“you don’t get the reactions when you’re coming back quite so much to the fact that they’ve been sent away. You know, it’s that whole psychological thing of ‘am I still wanted?’” (Katherine)

Respite camps. Paul suggested that respite care could be provided in the form of camps:

“they need to look at doing something like this and introduce, you know, respite care ...respite care weekends or three day camps or things like that” (Paul)

He believed that this could provide opportunities for adolescents to learn skills and improve their behaviour before aging out of the care system:

“the child needs to know that... you know... you cannot keep behaving like this, there are rules in where you’re living, the law and everything, [...] I mean by the age of 15 they’ve probably only got another two or three years at home and if they haven’t started being able to manage this behaviour by then, they’re in the crap” (Paul)

He also proposed that this could enable children to learn life skills to help prepare them for adulthood:

“they need to know how to cook and they need to know how to...you know... budget their money and stuff like that. [...] the respite could be a camp [...] a cooking camp for a weekend and they camp for... going away and learning life skills.” (Paul)

Lessening the negative effects of respite for foster children. Katherine described a number of ways that the negative effects of respite care for foster children can be lessened, which she had discovered through experience during her time providing foster care.

Special time when returning from respite. One technique Katherine described was spending time with her foster child when he returned from respite. She found that this helped him adjust back into the home environment:

“I’ve discovered that I have to spend really quality time with him when he comes home. And we have to have something focused to do, because he’s been in an environment that has been quite unfocused and he doesn’t know how to get back into the focused stuff. [...] it can actually take them a while to adjust to a different environment” (Katherine)

For Katherine’s foster son this quality time also helped him recognise that things had not changed despite him leaving for a short time for respite:

“I’m finding doing the one-to-one thing with him is really important that we um... do something like go and kick a ball around or read a book or watch a movie or do

something together, that that seems to make the difference to coming back 'cause he's gotta check out that it's still OK." (Katherine)

Katherine suggested that this was very important, as it enabled this child to understand that his time away did not mean he had been rejected or that his placement was ending, especially considering *"they're used to respite care equalling moving on"* (Katherine). She further described how doing something special for the child when they return from respite can be beneficial, as it can help reinforce that they are loved and cared for:

"if I have made a homemade dish for tea or something then that's cool because mum loves me. [...]... yeah he needs to know that he's still special and he'll often come looking after food because that's the thing that tells him he's OK." (Katherine)

Helping children process their experiences. Katherine found that as a carer she could assist her foster children in processing movement between different environments. This included talking through the child's emotional responses with them in order for them to acknowledge and process their feelings:

"You as the parent have gotta pick up that 'see it sounds like you're angry, do you wanna tell me why?' You know, like you've actually gotta help them let all that stuff out" (Katherine)

Some specific techniques Katherine described were drawing or telling stories. She found these techniques to be effective as children can talk through things in the third person and consequently verbalise and process what has happened:

"you know so they kind of tell the story of what's been happening and why they're away because somewhere they've got to kind of get it out of their system [...] So we just draw pictures or we tell a story [...]... they can do it in the 3rd person but as me doing it it's not quite so easy" (Katherine)

Katherine believed that children's behavioural reactions can be more pronounced when they are unable to process the movement between home and respite:

“yeah they can't unpack that to-ing and fro-ing, I think that's why the behaviour often acts out, it's not that it's a bad thing to go but it's just like... the coping” (Katherine)

However, she suggested that when change is managed appropriately *“it can then become a good experience for kids” (Katherine)*.

Saying good-bye and demonstrating that it is not permanent. Katherine described the importance of saying good-bye to foster children properly if they are going to respite in order to help them recognise that they will be coming back:

“And so I had to learn with my kids that if they are going away somewhere I have to say goodbye to them. They have to know they're coming back” (Katherine)

She explained how important this is considering the apprehension these children may have about being abandoned again as they have been in the past:

“And I thought yeah that is the worry because are we gonna be left? Because a lot of these kids have been left. [...] and that worry of 'will they [foster carers] come back?' is huge” (Katherine)

Katherine also described how her foster son needed things to be put in place while she was away to provide reassurance that she was coming back:

“‘so how about I ring him up and ...’ you know, we were trying to work out how to let him know that I was still coming back because other people had left him” (Katherine)

Improving the flexibility of respite care provision. Paul, Katherine, and Ray suggested that respite care could be improved if it was flexible and provided in ways that suit each child and family, considering *“every kid's different” (Paul)* and *“some kids deal with being left and change better than others” (Katherine)*. Paul felt that respite care as it had been offered had not been suitable for his family. As a result he had not utilised it frequently:

“Yeah they haven’t had a lot of respite care because we’ve always found that it’s never been right for them. It’s never been for us” (Paul)

Paul even approached Child, Youth and Family and specified what arrangement would be more appropriate for his family, but he found them unwilling to be flexible:

“we said we’d like respite care, someone to come and sit in with the boys while we go out for dinner, and they came back to us and said ‘no, we will take Charlie out and put him in a Family Group Home for the night’” (Paul)

Ray also believed that respite care provision should be more flexible, and suggested that this should be directed by the long-term carers to attain the most suitable arrangements:

“And another aspect of respite care is that the caregiver should be in charge of it. They should say when they need it and how long they need it and as much flexibility as can be should be accorded to the caregivers” (Ray)

He gave the example that he finds respite to be more beneficial when provided less frequently but for longer, as it involves less frequent disruptions of the child’s routines while enabling himself and his wife to go out of town for a few days and have a decent break:

“we were told we could have two days of respite care per month. We said ‘OK but what about if we had the respite back-to-back, so that would give us four days over two months’, that’s more valuable to us than two days over one month. So... as far as I know that’s agreeable, but those sorts of things need to be put in place.” (Ray)

Additional Findings: Modifying Effect of Carers’ Views of Fostering and their Foster Children

During data analysis it became apparent that the six super-ordinate themes emerging from the data did not quite capture the complexity of the information attained. It was found that the perceptions of respite reported by foster carers appeared to be prompted by their

underlying views of the child, their relationship with the child and the place fostering has in their lives. It is likely that this would influence most other findings as these views are so fundamental to their perceptions and experiences while fostering. Therefore, carers' views on fostering and their foster children has been interpreted as a modifying variable influencing the individual responses of all carers. This idea is a preliminary finding, as carers' perceptions of their child and of fostering was not explicitly explored during data collection. However, this provides some important information that could be explored in future research.

Paul's views of fostering and the influence this has on his perceptions of respite care. Paul and his wife Carol had children in care that had been permanently placed with them. Throughout Paul's interview he spoke of being a "*parent*" to these boys, and referred once to a foster child as "*my son*" and once as "*my child*", indicating that he viewed these children as his own. He showed loving care ("*they're your boys and you love them*") and concern ("*of course you worry!*") and showed immense frustration that they had been treated so poorly at respite and that they had not been supported adequately with their struggles:

"I was so seriously pissed off" (Paul)

They also described including their children in any holidays and overseas trips as a family:

"they go camping every summer, they get to water ski and fish and ski, and been to Australia a couple of times" (Paul)

Paul shared a positive view of these children, showing pride in their achievements and when describing their challenging behaviours he deliberately attributed this to their early experiences:

"you can't blame the children for the brain they were born with. You know that's not their fault [...] they should never ever blame the children for their parents taking drugs and drinking and whatever" (Paul)

Paul perceptions of respite care were predominantly negative, as illustrated by comments such as, *“their whole respite care thing is just a joke, it really is” (Paul)*. This may have been influenced by his views of fostering as these negative opinions generally reflected his concern about the effect on his children’s well-being, as exemplified by comments such as *“we would spend all weekend worrying” (Paul)*. In addition, Paul’s views of his foster children as his own may have influenced his perceptions of respite as he put his children’s needs first and prioritised their well-being over his own need for respite:

“Even though we may need the break, it’s better off not having the break and having the kids how...how they should be” (Paul)

It was clear that for Paul the negative effects of respite on his foster children outweighed the potential benefits for himself, and consequently he believed that respite was *“not worth it”*.

Katherine’s views of fostering and the influence this has on her perceptions of respite care. Katherine has had a long history of fostering, including both long- and short-term care provision. She referred to the children in her permanent care as *“my kids”*, *“my daughter”* or *“my son”*, and appeared to care for them as though they were her own children:

“The other thing that’s hard for parents is trusting other people with your children” (Katherine)

This appeared to influence her perceptions of respite, as she described it more negatively and often chose not to use it when there was a negative effect on the child’s sense of security or an impact on the child’s attachment with herself. This is exemplified in the following extract, as she described not using respite with her foster son in order to avoid these negative effects:

“with Manaia I could’ve ... (sigh) I’m still entitled to some respite with him but I think if I sent him away to an environment he didn’t know it would just turn to custard and I’d be having to start to build his sense of security all over again” (Katherine)

Katherine was also able to identify the benefits of respite care, such as having “*your own space back*” or “*being able to achieve something for yourself*”, and in situations when these negative effects were less apparent she described it more positively. For example:

“that is really good for many kids because it’s a time apart from home [...] and that idea of um... respite being sent away isn’t there”. (Katherine)

However, it was clear that her children’s well-being and sense of security was the priority:

“when I look at sending him away I always think twice because I’ve gotta think, well, is it actually for his benefit, or is it for mine?” (Katherine)

Lisa’s views of fostering and the influence this has on her perceptions of respite care. Lisa had three children placed in her permanent care after having her own children. Although they had been in her care for around 12 years she did not appear to view them as her own children, as suggested when referring to her foster son as “*the one I cared for*”, and describing how difficult it has been that he has not known his birth mother:

“he really doesn’t know another mother figure and I think it makes it hard for me”
(Lisa)

Lisa appeared to have negative views about her foster child, calling him “*terrible*” and “*nasty*”. She also shared significant frustration about his challenging behaviour and this frustration had become such that she wanted him removed from her care:

“He is shocking. Actually I told Child Youth and Family that I would like to have him placed in another situation by the end of this year. I’m not doing it anymore” (Lisa)

Her views of fostering were also negative, as she felt disappointed that the children had such significant issues, which she felt unprepared for:

“they were severely neglected as babies, and you never get it right, you never get it out. And that is a huge disappointment. I never thought it was that bad, but then they

don't say anything about it either when you get them. [...]But I wouldn't advise anybody, nobody to do [fostering]" (Lisa)

Lisa spoke positively of respite care, aside from concerns about its availability and appropriateness. This was apparent as she frequently referred to it as “*beneficial*” and “*fantastic*”. This may have been influenced by her views of fostering as burdensome and disappointing, as she prioritised the benefits for her own well-being and ability to cope and was less concerned about the effect this may have on her child. This was exemplified as she reported that “*it's too bad*” if respite negatively affected her foster son's self-perceptions, considering the challenges she faced when caring for him and her own need for respite.

Ray's views of fostering and the influence this has on his perceptions of respite care. Ray described fostering as a job that he and his wife undertook because it was appropriate for their current life stage, and would be a task that they have the experience and skill to perform effectively:

“we are pensioners and limited in this respect by the amount of income we can earn and not pay tax on it. So this provides us with a sort of income that enables us to live more or less comfortably without being extravagant for return on skills we've put together over a lifetime. [...] it would give us some employment or work that we would consider ourselves very capable of doing” (Ray)

He was very dedicated to fostering effectively, and spoke frequently of the responsibilities and requirements of carers in enabling the best possible care to be provided. For example:

“I think if you're going to do it properly and going to care for other people's children well then you have to have a heightened awareness of what the needs of that child are” (Ray)

Ray's view of fostering as a job to be carried out effectively may have influenced his perceptions of respite. He perceived it positively as he has found it to be beneficial in helping carer coping, providing time off from this constant task, and ensuring that fostering remains sustainable in his current lifestyle.

“if you can say ‘right, well there will be at least two days in the month where this child will be somewhere else’ and you can start planning a bit of life around that. Your life becomes dominated to a greater or lesser extent by the presence of another child” (Ray)

Considering these views of fostering as a job, Ray was also aware when respite was interfering with the work he was doing and the progress the child was making. When this occurred his perceptions of respite care were more negative:

“what you don’t want to happen as a long term caregiver is for the respite care to be an occasion for the work that you put into the child to fall apart” (Ray).

George’s views of fostering and the influence this has on his perceptions of respite care. George and his wife Maria have been involved in fostering for five years, and he described how it has become a “*passion*” of theirs during this time. They appeared to view fostering as a way to help children in need and make a difference, and are highly committed to it, to the point of George giving up paid employment to dedicate himself fully to this work.

“But we’re doing respite and fostering in general because we care, and we know what’s happening to these children in society because we’ve seen them come through here and we’re like ‘oh my goodness’, so it’s our way of helping.” (George)

The influence of George’s views of fostering on his perceptions of respite care was less clear, as his account predominantly focused on his frustrations when dealing with CYF

and the effect this has had on his experiences of respite care and those of foster children in his care. These frustrations were entwined throughout his account, including comments such as *“I look at so many things at CYFs and think it’s so banged up”*, and *“I have a very, very low opinion now having been involved for a time with the CYFs organisation”*. Although his perceptions of respite appeared primarily influenced by these experiences, it also appeared as though his view of fostering as a way to help children may have influenced his perceptions of respite considering he perceived it positively when it benefitted the children:

“by the end of that weekend you see the shoulders back, head up, brighter face and happier look and grinning and laughing and playing” (George)

However, he perceived it more negatively when it did not:

“we didn’t bother asking much for it with him because it was more work picking up the pieces” (George)

In addition, he did not describe concerns regarding the effect of respite on children’s sense of security or belonging in the home, which may have reflected his view of fostering as *“helping”* children rather than taking on children as if they were his own.

Chapter 4: Discussion

The current study aimed to contribute to the limited research on respite care for foster carers by addressing two research questions. It explored how foster carers experience planned respite care services, and what their perceptions are of the psychosocial effects of planned respite care for children in foster care. The use of qualitative methodology enabled carers to share their experiences of planned respite care openly, and from their accounts three themes emerged that addressed the first research question. These were carers' experiences of respite care being influenced by variants of the respite care environment, respite care being perceived as necessary and beneficial, and concerns about agency provision of respite care. The second research question was also addressed in this study as it attained carers' perceptions of the psychosocial effects of respite for foster children, as well as the features of the movement between home and respite environments that carers attribute as contributing to its psychosocial effects. In addition to these findings, the current study also reported a number of ways foster carers believed respite care could be improved and supplementary findings relating to the modifying effect of carers' views of fostering on their perceptions of respite care. These findings will now be summarised and discussed in relation to the existing literature, and the strengths, limitations and implications of the current study will be noted.

Summary of Findings and Comparisons to Existing Literature

Theme 1: Carers' experiences and perceptions are influenced by variants of the care environment. A key finding of this study was that carers' experiences of respite care are not all equal, and these differences consequently influence the perceptions carers have of this service. Carers described experiencing respite in family settings, Family Group Homes and respite facilities. Respite in family settings was perceived the most positively, as children can experience the nurturing care of a parental figure and be included as part of a

family. Respite care facilities were described as having some benefits considering the opportunities they provided. However, this was not considered preferable to respite care in a family home. Family Group Homes were described in a highly negative light considering the potential negative impacts on children during their time in these environments. The nature of the respite environment also influenced carers' perceptions of this service. Respite care environments that provided enjoyable opportunities for children and could be perceived as an adventure, a holiday, or a different experience were described as more appropriate and consequently appeared to improve carers' perceptions of this service. Respite was perceived negatively when children were not included in the family, or when placements were inappropriate for the child. Carers' perceptions of respite were also influenced by the quality of care children received, and the abilities of the respite carers, both of which varied considerably in their experiences.

Consistent with the findings in the current study, respite in family settings has been described positively compared with other respite arrangements, as children continue to experience parental care and typical family life similar to the type of care received in their own family (Starkey & Sarli, 1989). Respite care facilities have similarly been described in the literature as being a potentially beneficial service as they are set up specifically to provide respite care and consequently are able to focus on making it as suitable as possible for this purpose. The benefits, described by Katherine, of fun activities and games with other children have also been described by children in a study by Read (2008). However, children in this study also described negative experiences with other children and difficulties coping with the separation from their families. The negative view of using group homes for respite has also been described for individuals with disabilities, considering the needs and the care required for these individuals may differ from those permanently living there (Starkey & Sarli, 1989). The research on group homes in the field of foster care more generally

describes a negative impact on children placed in these environments. Analogous to the findings in the current study, previous research has reported that group homes are often poorly run, perceived negatively by young people, and may involve negative peer interactions and contribute to children's antisocial behaviour (Barth, 2002; Crosson-Tower, 2007; Dishion, McCord, & Poulin, 1999; Ryan, Marshall, Herz, & Hernandez, 2008). In particular, the impact of peer contagion within these homes has been emphasised, especially considering the children placed in these homes long-term have generally been unable to be placed elsewhere considering their high needs, challenging behaviour, and the unwillingness of carers to take them on in a foster family placement (Ryan et al., 2008). Thus, it is unsurprising that Paul described a deterioration in his foster child's behaviour after respite in a family group home, considering this exposure to high-risk peers and his child's pre-existing vulnerability to delinquent behaviour.

Research on the nature of respite environments and the influence this has on caregivers' perceptions of this service is currently limited. However, it has been reported that family members of children with disabilities have viewed respite care more positively when their children have opportunities to partake in fun activities during this time, which corresponds to the findings in the current study (Crosson-Tower, 2007; Welch et al., 2012). The variability in respite carers' abilities and the quality of care provided was also consistent with the literature regarding children with disabilities, as experiences of respite were found to be influenced by the type of respite care provided, the quality of the care and the skills and abilities of those caring for the children (Bruns & Burchard, 2000; Chan & Sigafoos, 2001). In addition, parents receiving respite emphasised the importance of good communication with respite caregivers and adequate training in providing appropriate care, both of which were similarly reported in the current study (Eaton, 2008; Thomas & Price, 2012).

Theme 2: Respite care is perceived to be necessary and beneficial. The burden of care described by the carers in this study affirmed how challenging fostering can be and why there is a perceived need for respite. The carers' accounts illustrated that this burden had led them to recognise how necessary it is to have breaks from the demands of caregiving to ensure their own well-being. However, it was found that the type and quality of respite care received, carers' previous experiences of respite care as a service, and their experiences of the impact of respite on foster children all influenced whether these carers viewed respite as essential and beneficial, or as a service whose potential benefits are often not attained.

The burden of care emphasised by carers in this study was consistent with previous literature, as it is widely understood as a challenging task (Nutt, 2006) considering children's challenging behaviours (Ajduković & Franz, 2005; Brown & Rodger, 2009; Sinclair et al., 2004; Tarren-Sweeney & Hazell, 2006), their constant need for attention (Brown & Rodger, 2009) and the additional stressful experiences carers commonly face, such as difficult dealings with social workers and financial difficulties (Farmer et al., 2005; Sinclair et al., 2004). The need for breaks that was reported in this study also aligned well with previous research, which suggested that caring for children with complex needs can be exhausting and consequently requires breaks to ensure caregivers can carry on while ensuring their own well-being (Grinyer et al., 2010; MacDonald & Callery, 2004; Wilkie & Barr, 2008). The carers emphasised how this is particularly important considering the informal breaks from caregiving that are common in typical families are unlikely to occur in foster families, which is consistent with findings from previous studies of both children with disabilities and children in care (MacDonald & Callery, 2004; Murray et al., 2011; O'Brien, 2001).

One benefit of respite that was recognised by all five carers is the opportunity for a break from caregiving, which ensures their own well-being and enables them to continue coping with the demands of fostering. This benefit of respite has been widely recognised in

the previous literature, both for children with disabilities (MacDonald & Callery, 2004; Wilkie & Barr, 2008) and those in foster care (Owens-Kane, 2006). In particular, this has been reported by New Zealand foster carers, as they described respite care as important in lessening caregiver strain that consequently impacts their ability to cope (Child, Youth and Family, 2007). The reported benefits to caregiving closely aligns with previous research suggesting respite care can improve parenting practices and the ability to manage the parenting role effectively (Welch et al., 2012; Wilkie & Barr, 2008), which subsequently enhances the care children are likely to receive. Another benefit of respite suggested by two carers in the current study is its effect on placement stability, as this can ensure that caregiving remains manageable. This has similarly been described by Meloy and Phillips (2012) as a potential benefit of respite care when it is available alongside other practical services. Katherine also described how respite can improve the well-being of the whole family, which has also been reported by Owens-Kane (2006). Similarly, in families of children with disabilities respite has been found to improve family functioning and family relationships and enable other children to have their needs met, which is consistent with the benefits described by Katherine in this study (MacDonald & Callery, 2004; Swallow et al., 2012; Welch et al., 2012; Wilkie & Barr, 2008). Respite was also found in some cases to improve the child's relationship with their carer as any tensions or stresses can be left behind and they can have a fresh start when the child returns. Similarly, Owens-Kane (2006) found that carers felt less strained in their relationships with their foster children after respite, which may also reflect this opportunity for a clean slate that is provided through utilising respite.

Theme 3: Concerns about agency provision of respite care. The carers described a range of concerns regarding their dealings with Child, Youth and Family when accessing respite care. Respite care was often not provided when necessary or requested by carers, and when it was provided, carers had experienced it being left to the last minute, or left for them

to organise themselves. All five carers had experienced difficulties attaining adequate amounts of respite care, and this was increasingly difficult for older children or those with challenging behaviours. The carers also expressed frustration that the decisions and arrangements made regarding respite care were often not in the children's best interests. In some cases this arose from minimising costs, while in others this reflected poor decision-making and a lack of consideration regarding the potential negative effects on the child. A final frustration expressed by the carers was that the professionals they have dealt with while fostering often have not understood the need for respite care.

The frustrations described by carers in this study were similar to those previously reported in New Zealand and overseas regarding carers' experiences dealing with child welfare agencies more generally. Consistent with carers' accounts in the current study, poor organisation within the foster care system has been previously reported (Rosenwald & Bronstein, 2008). More specifically, communication and follow-through by professionals in child welfare agencies has been reported to be inadequate, as was observed in the present study in relation to respite care provision (Child, Youth and Family, 2007; Fisher, Gibbs, Sinclair, & Wilson, 2000). The current study also confirmed previous findings that foster carers often have difficulty accessing respite care (Brown & Rodger, 2009; Child, Youth and Family, 2007; MacGregor et al., 2006; Murray et al., 2011; Rhodes et al., 2001). A number of studies have also reported that a substantial proportion of carers would like additional respite care (Berrick, Barth, & Needell, 1994; Brown, Moraes, & Mayhew, 2005; Child, Youth and Family, 2007; Murray et al., 2011), and when this is unavailable it may influence carers' decisions to cease fostering (Rhodes et al., 2001).

The carers shared concerns that the decisions made were often not in children's best interests, which also closely aligns with previous research where the decisions made by professionals were often unfavourable with children being affected as a result (Fisher et al.,

2000; MacGregor et al., 2006; Murray et al., 2011; Rosenwald & Bronstein, 2008). The carers also believed that professionals did not understand the need for respite. While this has not been previously reported, studies have described how professionals do not understand carers' experiences or recognise the difficulties faced in this role (Fisher et al., 2000; Murray et al., 2011; Sinclair et al., 2004). Consequently, it is unsurprising that professionals do not understand the need for support services such as respite, as these studies suggest an unawareness of the challenging nature of fostering and the burden of care experienced.

These findings suggest that carers' experiences when dealing with agencies to access respite are often unsatisfactory. Instead of providing support and lessening the burden of care, these responses suggest that accessing respite can bring about high levels of frustration and contribute to the difficulties faced by carers on a daily basis. The implications of these findings are considerable, as the potential benefits as described in Theme 2 may not be fully realised when carers' experiences are tainted by these difficulties. In addition, these frustrations may counteract the benefits of respite as inadequate dealings with child welfare agencies have been reported to contribute to higher levels of caregiver stress (Buehler et al., 2003). However, with the provision of support when requested, and acknowledgement of carers' efforts and the challenges experienced, carers may be better able to cope with the demands of fostering and withstand difficulties when they arise (MacGregor et al., 2006).

Theme 4: Features of respite that carers attribute as contributing to its psychosocial effects. The current study illustrated a number of features relating to the movement between home and respite environments that the carers perceived as impacting children's well-being and contributing to the negative psychosocial effects observed. One prominent feature described was the child's sense of security in their foster home. The carers described how moving the child from their home can trigger expectations of rejection and

abandonment that have arisen from their previous experiences. This may increase the child's sense of impermanence in their foster home, as well as lessening the sense of security they feel in their relationships with carers as they perceive this as not being loved or wanted. The carers described the importance of consistency, and experiences of inconsistency between home and respite environments was often described as having a negative effect on children's behaviour and well-being. In particular, the carers emphasised the importance of consistency in relation to the rules and consequences in place, the amount of entertainment provided, and the regular activities children are involved in. The carers' responses also illustrated how children in care may have difficulty managing the changes associated with respite care, and may struggle transitioning between and adjusting to these different homes.

The impact of movement between homes that occurs with respite care has not previously been studied. However, the research literature in the field of children in care more generally provides some preliminary support for the findings reported in this study. The concept of children's sense of security in this study may correspond to the construct of 'felt security', which has been proposed to describe children's phenomenological experience of security in its entirety (Tarren-Sweeney, 2010). This includes both attachment security and the security about future relationships, which can arise in response to circumstances the child experiences in care. In the current study, carers' responses regarding children's sense of security appeared to align considerably with the established research base in attachment theory. Considering the experiences these children have had of attachment relationships, they are likely to have developed maladaptive representational models regarding their relationships with others, as initially described by Bowlby (1969). These children then bring certain negative expectations about the care they will receive to future relationships, while any perceived confirmation of their negative expectations has an additional impact on the possibility of developing attachments in future relationships (Macdonald & Turner, 2005;

Stovall & Dozier, 1998; Stovall-McClough & Dozier, 2004). As illustrated clearly by Katherine, these representational models become particularly apparent when children are removed from their homes for respite, as this triggers their engrained expectations regarding relationships with others, and consequently they perceive this as rejection or an indication that they are not loved. Tarren-Sweeney (2010) also incorporates felt security in future relationships, which arose in the current study in relation to children's security in their current placements. When attending respite care, some carers described how this caused their foster child to question the stability of their current placement, particularly when they had experienced a number of placement disruptions already. This resembles previous findings that respite care could be perceived by some foster children as abandonment or a permanent move, and as a consequence are likely to feel less secure in their placement with their foster family (Hudson & Levasseur, 2002)

The importance of consistency, as described in the current study, is supported by previous research on foster care. The carers in this study found that carer leniency alongside fewer rules and consequences at respite affected children's behaviour through altering their expectations of how they should behave. This is consistent with a previous study reporting that having clear rules and expectations for children, to hold them accountable for their behaviour, facilitates successful fostering (Buehler et al., 2003). In addition, the importance of consistent implementation of these rules with different caregivers has been highlighted "so that everybody is on the same page" (Buehler et al., 2003, p. 74). This can be expected to apply for children with different caregivers at foster and respite homes as well, as described in the present study, as children would better learn what is expected of them and come to understand the rewards and consequences for different behaviours. The carers also spoke of the difficulties arising from the disruption of children's routines, which corresponds to previous research describing the importance of maintaining routines, particularly considering

the disorganisation and lack of predictability in children's lives prior to entering care (Berrick & Skivenes, 2012; Buehler et al., 2003). In addition, the importance of children continuing their involvement in regular activities during respite stays is supported by research by Fong and colleagues (2006), who described that continuing leisure activities during placement changes can be beneficial for children's well-being and could lessen the disruptive effect of foster care. It is important to note the contradiction that arose as respite care was perceived more positively when the respite environment was different and exciting, although some carers reported difficulties for children when dealing with inconsistency and change. While more clarity is needed to comprehend this discrepancy, it is possible that this depends on the extent of this difference. When experiencing a respite environment that is very different from their foster home children may perceive this as something special, such as an adventure or holiday. However, a respite placement in a foster home without such significant differences may be more likely to be perceived as a placement change, or may cause difficulties for children when managing these subtle differences and adjustments. In addition, this may depend on the child as illustrated by Katherine's comment that "*some kids deal with being left and change better than others*".

Carers in the current study described the difficulties children may have dealing with change when attending respite care. Previous research has similarly described how the additional changes children experience with respite care may be inappropriate, considering their previous experiences of change and the difficulties they have coping with this as a result (Murray et al., 2011). The difficulties transitioning between respite and foster homes described by carers in this study have also been previously described in research on children from at-risk families. A study by Read (2008) reported the difficulties children had with these adjustments, which most commonly were attributed to homesickness and missing their families when arriving at respite, and tiredness upon returning home.

Theme 5: Psychosocial effects of respite care on foster children. The carers found that respite care often had an observable effect on children's behaviour, self-perceptions, relationships and social behaviours. The observed effects were predominantly, albeit not entirely, negative, and were often described as occurring in reaction to the features of respite care described in Theme 4.

Foster children's behaviour was found to deteriorate both prior to respite and when returning home. Katherine attributed this to "*the coping*" with this experience, as children are anxious about leaving their home, adjusting to a different environment, and attempting to make sense of this experience in relation to their security in the placement and in their relationships. In some cases the inconsistency between caregiver leniency and the structure experienced at respite was also described as contributing to this deterioration in behaviour.

The impact of respite care on children's self-perceptions was emphasised by all five carers. This appeared to be influenced by the way children interpret this experience, and the way respite care is presented to them and the messages that they get from the adults involved. In particular, respite is often presented and subsequently interpreted as a punishment or a consequence for something they have done wrong. However, Katherine and George suggested that presenting respite to children appropriately could lessen these negative effects on children's self-perceptions.

The social and relational effects of respite care described in the current study were mixed. Some carers described a strain in their relationship with their child after respite and oftentimes the child's trust and developing attachment with their caregiver is impacted through the lessened sense of security and perceived rejection that occurs. Conversely, Lisa and Ray believed that respite could be beneficial for the caregiver-child relationship through providing an opportunity for a clean slate and enabling both parties to be pleased to see each

other upon returning. In some cases, respite provided opportunities for children to develop relationships and learn social skills from other children; however on other occasions children's social experiences may be negative, including incidents of bullying.

The findings reported in this theme make an important contribution to the literature, as the psychosocial effects of respite care on foster children has not previously been studied. However, the literature on respite care for children with disabilities and the limited research on respite in the field of child welfare provides some preliminary support for these findings. The described effect on children's behaviour has been reported in some cases for children with disabilities and children in at-risk families who have utilised respite care (Read, 2008; Welch et al., 2012). The reported impact on children's self-perceptions is a new finding, although it has been suggested that respite is more positive for children with disabilities when they are consulted about it and have a better understanding of this experience (Minkes et al., 1994). In addition, it has been reported that children who are placed in residential settings predominantly attribute this separation from their families to being naughty, and in many cases perceive this as a form of punishment (Crosson-Tower, 2007). Although respite placements are generally short-term and on a temporary basis, foster children may similarly attribute separation from their foster families for respite in this way. This is particularly likely considering their previous attachment experiences and the beliefs they may hold of being unlovable and unlikely to be cared for that have arisen from their internal working models of attachment (Bartholomew & Horowitz, 1991; Bowlby, 1973, 1980).

The potential benefits of respite on the carer-child relationship are supported by Owens-Kane (2006), who described that carers had an improved attitude towards their child and a more positive relationship with them after respite. Carers also described feeling less frustrated about caring for their child after respite, which could validate Lisa's belief that respite enables the stresses and difficulties of the previous week to be left behind. The

negative impact of respite on the caregiver-child relationship that was described by Katherine and Paul has not previously been reported in research. However, it is unsurprising that there may be additional strain in this relationship if children's behaviour has worsened upon returning home. As illustrated by Paul, carers may be frustrated when dealing with this behavioural deterioration and children may subsequently feel unfairly criticised or disliked by carers when they are attempting to manage this behaviour. Katherine's depiction of the negative impact of respite on children's trust and the developing attachment is supported by research in the field of attachment theory. As previously discussed, the negative expectations foster children may have regarding the care they will receive may result in a lack of trust in their carers (Bowlby, 1973; Schofield & Beek, 2005; Shireman, 2009). Thus, these children need to experience reliable care in order to learn that their carers are trustworthy (Schofield & Beek, 2005a). However, the experience of being "*taken away*" (Katherine) for respite could prevent children from developing these trust patterns and may confirm their negative expectations of the care they will receive from their foster caregiver. The social benefits reported in this study have similarly been described in research on respite care for children with disabilities (MacDonald & Callery, 2004; Wilkie & Barr, 2008), as well as for children in short-term placements in residential settings (Crosson-Tower, 2007). However, this has not been reported for foster children attending respite care as yet.

An important concept becomes apparent when considering the findings of this theme alongside those of Theme 2. As illustrated in Theme 2, the carers perceived respite care as necessary and beneficial. However, they concurrently described the range of negative psychosocial effects on their foster children as reported in this theme. This indicates that respite care may have differential effects for foster children compared with their carers, resulting in a tension between meeting the needs of carers and those of the children in their care. This discrepancy between carers' and children's experiences of respite care was further

confirmed by Paul and Katherine, who believed that the benefits for themselves were “*not worth it*” considering the negative impact they observed in their foster children. Although previous research has not considered the psychosocial effects of respite care on foster children, certain studies provide support for these differential effects for carers compared with children. When considering the use of residential respite for at-risk families, Read (2008) found that parents perceived this experience as beneficial while children generally reported not enjoying it and finding it difficult. This has also been illustrated for foster families in two studies, where carers described the benefits of respite care for themselves while suggesting a possible negative effect for their foster children as a result of the additional disruption and impact on their sense of belonging in the foster family (Hudson & Levasseur, 2002; Murray et al., 2011).

Theme 6: How respite care could be improved. The carers in this study all incorporated into their responses possible ways respite care could be improved or done differently. One such suggestion was providing respite in different ways to ensure that families receive a service that is most appropriate for them. Paul described how currently respite care providers “*restrict respite to overnight*”, however the carers illustrated that shorter breaks for a few hours can be beneficial in providing time for carers to go out and do something special or have some time to themselves. Another alternative respite arrangement described by the carers was respite care provided in their own home. This enabled respite carers to leave the house and do something for themselves, or have an out-of-town holiday. Paul suggested that respite could also be provided in the form of camps for older children, to improve their behaviour and teach life skills. All these alternatives offer similar benefits to carers as typical respite, as they have the opportunity for breaks from caregiving, which helps lessen the burden of care experienced. However, they also offer additional benefits for children as these alternative arrangements are likely to enable children to maintain their sense

of security. It is quite a normative experience for children to go out for outings for a few hours, to have babysitters in the home, or to go on camp, meaning they are less likely to equate these experiences with being abandoned or rejected by their carers. Remaining in the home environment also prevents children from misinterpreting respite as another placement change, while lessening the disruption and inconsistency they would experience.

The possibility of providing respite in different ways, as reported in this research, has similarly been suggested by foster carers, social workers, and parents of children with disabilities in a number of studies (Brown et al., 2005; MacDonald & Callery, 2004; MacGregor et al., 2006; Thomas & Price, 2012). Consistent with the findings reported in this study, the provision of short breaks from caregiving has been described in the literature as a valuable type of respite, and one that caregivers would recommend, as it provides opportunities for carers to have a break or complete tasks during this time (Brown et al., 2005; MacDonald & Callery, 2004; Thomas & Price, 2012). Similar suggestions of providing respite care within the child's own home have also been reported, which allows caregivers to go out and do something special without disrupting the child from normal daily life (Brown et al., 2005; MacDonald & Callery, 2004; Starkey & Sarli, 1989). This resembles typical babysitting arrangements; however, as discussed in Theme 2, this is often unavailable or inappropriate in foster families and may need to be provided through child welfare agencies. As described by the carers in this study, this form of respite has previously been deemed appropriate as it minimises the disruption experienced and prevents any negative effects on children's well-being that may result from removing them from the home environment (MacDonald & Callery, 2004; Starkey & Sarli, 1989). Paul's suggestion of respite camps does in fact already occur within New Zealand for children aged 5 to 12 through Health Camps (Kearns & Collins, 2000; Stand Children's Services, 2013). While providing respite care is not the sole focus of these camps, it is one reason that at-risk

children are referred to this service (Stand Children's Services, 2013). The benefits of these camps resemble those described by Paul, including providing a therapeutic environment where children can develop life skills and coping strategies that will assist them in their daily lives (Kearns & Collins, 2000). This provides support for Paul's suggestion of "respite camps", while suggesting that these could be made more available for foster families and could be expanded to provide a service specifically for adolescent foster children. These findings have considerable implications for the provision of respite care and the experiences of those who utilise it, as offering respite care in alternative ways that preserve children's sense of security, maintain consistency, and lessen the disruption and change experienced could lessen the negative psychosocial effects on children that are described in Theme 5. This could consequently resolve the current issue of respite's differential effects for carers and children, as discussed previously, and enable respite care to be a service benefitting both carers and children with few additional adverse effects.

Throughout her account, Katherine described a number of ways that carers can lessen the negative effects of respite care for foster children. Through implementing these techniques, children's experiences of respite care could be improved and the negative effects may be lessened. One such technique described was spending quality time with the child or doing something special for them when they returned from respite. This assisted the child in adjusting back into the home environment while showing them that they are still loved and cared for. Carers can also assist children in processing the movement between home and respite environments through talking through their emotional responses, or more indirectly by drawing or telling stories. It was also deemed important that foster carers say goodbye to children properly when they go to respite, so they understand that they will be coming back. This is important since these children have often experienced abandonment by adults, and consequently they need to recognise that this is a different situation. Similarly, children may

benefit from other things being put in place that can provide reassurance that they will not be abandoned and that they are still cared for.

While techniques such as these have not been described in the literature relating to respite care specifically, similar strategies and intentional activities have been reported to assist foster children in their initial transition into a foster family and their consequent integration into the family (Berrick & Skivenes, 2012; Mitchell et al., 2010; Sinclair et al., 2004; Thoburn et al., 1986). This suggests they are beneficial in helping children adjust to new environments and process the complex experiences associated with foster care, which may similarly help children attending respite care. These studies support the findings of the current study that spending quality time and undertaking special activities with children; helping them process their experiences; using drawings or stories to help them understand what is going on; and reassuring them of their place in the foster family can help children manage transitions and ensure their emotional well-being (Berrick & Skivenes, 2012; Buehler, Rhodes, Orme, & Cuddeback, 2006; Mitchell et al., 2010; Schofield & Beek, 2005a, 2005b). In particular, these studies have corroborated the idea raised in the current research that strategies such as these can confirm a child's security in their placement by showing that they are cared for, while enabling them to differentiate their current experiences from previous ones involving abandonment and rejection.

The carers described how respite care could be more effective if it was provided in a flexible manner, which could ensure that the most appropriate arrangements are available for children and their carers. Ray elaborated on this by suggesting that long-term carers should be able to decide what the respite arrangements are, considering they know their foster children personally and are aware of what will work best in their particular circumstances. Giving carers the authority to make these decisions will ensure that they are provided with suitable respite, which is likely to improve the respite experience for both children and carers.

Previous research has similarly described how respite care would be improved if it were provided with greater flexibility (Caples & Sweeney, 2011; Grinyer et al., 2010; Thomas & Price, 2012). In fact, all caregivers in a study by Thomas and Price (2012) reported that they would like increased flexibility and choice in regards to respite provision. In addition, research has suggested that the negative views some caregivers or families have of respite care may reflect the inappropriate nature of the service, rather than indicating a fault of the service more generally (Minkes et al., 1994; Starkey & Sarli, 1989). The current study appears to confirm this, as the carers whose views were highly negative subsequently suggested alternative approaches that they believed were more appropriate. Thus, by increasing the flexibility of respite care provision, more families may experience a service that they value and consequently may attain greater benefits from its use.

Discussion about the additional findings. The current study reported additional findings describing how carers' perceptions of respite care appeared to be shaped to some extent by their underlying views of the child and their views of fostering. This was not included as a super-ordinate theme as these views appear to influence the other findings reported in this study. Therefore, carers' views of fostering and of their foster children have been interpreted as a modifying variable.

Throughout his account it became clear that Paul viewed fostering as being a parent to his foster children. This may have contributed to his predominantly negative perceptions of respite as his concern regarding the negative effects of inappropriate respite care outweighed the potential benefits. This reflected that he put his children first; prioritising their well-being over his own needs or desires to have breaks from caregiving himself.

Katherine similarly viewed fostering as being a parent and regarded her foster children as her own. This appeared to influence her perceptions of respite as she described it

negatively and believed it to be not worth it if it had any negative effects on the child's sense of security and attachment. Katherine was also able to identify the benefits of respite care and viewed it positively in situations when these effects were less apparent. However, her children's well-being was always the priority.

Lisa did not appear to view fostering as taking on the parenting role. Instead her views of fostering were negative and she shared clear frustration and disappointment regarding the difficulties her foster children have presented with. This may have contributed to her positive views of respite care as she was less concerned about the effect on her children's sense of belonging and security in the family, and instead emphasised the benefits of respite for her as a caregiver.

Ray viewed fostering as a job and was very dedicated to doing it effectively. This had led him to view respite care positively, as it provided time-off from this task and enabled it to remain manageable. However, he also described ways in which respite care provision can be a negative experience as it interferes with the work he is doing with the child.

George viewed fostering as a way to make a difference and help children in need. These views may have influenced his perceptions of respite as he appeared to perceive it more positively when it was beneficial for children and more negatively when it did not. In addition, he did not describe concerns regarding any effects on children's sense of security, which may reflect his view of helping children rather than being a parent to them. However, it is important to note that this may also have related to the fact that George had been fostering for a shorter period of time and the children in his care had not been placed permanently since an early age, as had been the case for some other carers in this study. This could have prevented George from having the opportunity to observe the effect of movement between homes for those in long-term care, or these effects could have been less apparent for

children when placed in a home on a more short-term basis. The association between George's views of fostering and his perceptions of respite was less clear, as his perceptions predominantly reflected his poor experiences when dealing with Child, Youth and Family.

Considering the carers were not directly questioned regarding their views on fostering, these findings should be interpreted with caution. However, a study by Hudson and Levasseur (2002) reported some similar findings regarding characteristics that influence carers' perceptions of respite care. As observed in the current study, carers who viewed fostering as the inclusion of a child into their family, rather than a job or task, viewed respite more negatively. These negative views arose from concern regarding the potential negative impact on the child's sense of security, as they may attribute this as abandonment from the foster family. This corresponds closely to views ascertained from Katherine and Paul; however, the current study further suggests that carers with these views of fostering may be willing to put their child's needs ahead of their own and sacrifice a potentially beneficial service to ensure their child's well-being. Hudson and Levasseur (2002) also reported that those carers who viewed respite as a job or task and differentiated between the foster child and their own families' perceived respite more positively. This is consistent with the views of fostering and perceptions of respite described by Ray and to some extent George and Lisa. However, unlike the carers in this previous study who only described respite as beneficial, Ray and George also expressed concern when respite care was inappropriate or disadvantageous for the children in their care.

Strengths and Limitations of the current study

There are a number of strengths and limitations of the current study that should be noted. A key strength is that this study addressed a considerable gap in the current literature. As previously described, respite care has not been widely researched in relation to foster care.

However, it is a service that is commonly provided to foster families in New Zealand and overseas despite the effects of its utilisation being currently uncertain. Therefore, this exploratory study has provided some valuable preliminary information into carers' experiences of respite and the possible psychosocial effects on foster children, which can continue to be developed in future research in this area.

The use of qualitative methods and more specifically Interpretative Phenomenological Analysis (IPA) is another strength of this study. This enabled the research questions to be addressed successfully as the carers openly discussed their experiences and perceptions during participant-led semi-structured interviews. In addition, considering the lack of research in this area, the use of qualitative methods has enabled carers' perceptions of respite care to be explored broadly without prior expectations or predetermined hypotheses (Johnson & Chistensen, 2012; Patton, 1987). The IPA approach was also beneficial in the current study as it enabled carers' perceptions to be explored through "rich and detailed personal accounts", while following a structured procedure for data collection and analysis that has been outlined by a number of experienced researchers in this area (Smith, Flowers & Larkin, 2009, p. 40). In saying this, it is important to note the limits of using IPA with a complex topic involving foster care experiences. This approach dictates that the researcher should report emerging themes from the data; however this did not completely enable the complexity of this topic to be captured as some information overlapped or did not neatly fit within the thematic structure that emerged. This was apparent with the "Additional findings" reported in the results, which was best conceptualised separate to the structure of themes.

A final strength of the current study was the diversity in carers' experiences. Although the sample was selected based on the order in which expressions of interest were received, the five carers in this study varied in terms of their personal characteristics, the types of care they had provided and the length of time they had been involved in fostering.

This provided a breadth of information that would not have been possible with a more homogeneous sample, and enabled findings to emerge regarding the different factors influencing carers' perceptions and opinions. However, this strength also gives rise to a significant limitation of the current study. The diversity of carers' experiences and characteristics, along with the small sample size used, means that the findings cannot be generalised to foster carers in New Zealand as a whole.

Using a small sample size gave rise to another limitation of this study, as this may have limited the breadth of information attained, or distorted the apparent prevalence of various findings. However, the nature of this study was explorative and did not aim to provide a conclusive account of carers' perceptions of respite care. It is also important to note that there may be participant response bias, as participation was voluntary and consequently carers may have partaken as an opportunity to share certain opinions.

Another limitation of this study was the use of carers' as informants regarding the psychosocial effects on their children. Ethical constraints and agency regulations prevented this study from using foster children as participants, and as a consequence the findings are limited by the amount of insight carers have and would be influenced by their own bias and judgements. In addition, hearing children's own perceptions would have been valuable and could have provided a better understanding of the psychosocial effects of respite care.

Recommended Future Research Directions

The current study contributed to the research literature in the relatively unstudied area of respite care for foster children. Through exploring five carers' experiences and perceptions of this service, six broad themes were attained, including some preliminary findings of factors influencing carers' perceptions of respite care, the psychosocial effects of respite on foster children and the differential effects of respite for children compared with

their carers. A primary recommendation would be that further research should be carried out to validate and clarify specific findings from this study in order to add to the literature base and understanding in this area. In particular, it is important to note that while the current study attained carers' perceptions of the psychosocial effects of respite on foster children, these may not reflect the actual effects for these children as this is based on the carers' own opinions and insight. Therefore, these findings have generated further questions for research in terms of determining more objectively the psychosocial effects of respite care on foster children.

Further research is also needed to better understand the differential effects of respite care for children compared with carers. While the current study illustrated that there are benefits for some foster carers and negative effects for some foster children, it is unclear whether the benefits for carers, and in particular the benefits for caregiving ability and coping, have a positive effect on children's well-being. This adds greater complexity to the existing discord between the effects for carers and foster children, and consequently should be considered in future research. Further research should also clarify the finding that carers' views of fostering and their foster children was a modifying variable influencing carers' perceptions of respite care. As previously specified, this became apparent through the analysis of the data but was not explicitly explored during data collection and consequently the quantity of data being interpreted is insufficient to make any conclusive claims.

While the carers' perceptions provided valuable information regarding the effects of respite care on foster children, research attaining both objective and subjective effects of respite care on the children themselves is needed. The psychosocial effects of respite care for foster children could also be studied further through attaining respite carers' perceptions, as their observations of children during their time at respite is likely to provide valuable information that could contribute to a more comprehensive understanding of these effects.

In the current study only non-kin foster carers were eligible to participate to ensure a homogeneous sample. However, future research would benefit from considering the experiences and perceptions of respite care for kinship/whānau carers, as their experiences of caregiving and the support they receive appears to differ to that of non-kin carers (Berrick et al., 1994; Child, Youth and Family, 2007).

Conclusion

The current study provides an important contribution to the limited research on respite care for foster children through providing information regarding foster carers' perceptions of respite care and their perceptions of the psychosocial effects of respite care for the children in their care. The findings of this study suggested that there are a number of factors influencing carers' perceptions of respite care, although in general carers' experiences illustrated that despite certain concerns relating to agency provision of this service, it is necessary and beneficial for foster carers. However, this study also illuminated possible differential effects of respite care for the foster children themselves, as a number of negative psychosocial effects were described which were attributed to factors relating to movement between respite and foster homes. Considering the frustrations dealing with agencies and their awareness of the negative effects for foster children, the carers' incorporated a number of potential improvements to the provision of respite care that were also reported in this study. These broad themes that emerged highlighted the complexity of the experiences and effects of respite care on foster children and carers. This suggests a need for further research to substantiate these findings to enable greater understanding of this topic which could consequently inform social policy and practice.

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Appendix A: Advertisement

Study looking at foster carers' experiences of planned respite care



My name is Anna Brettell and I am currently undergoing a thesis as part of a Masters qualification in Child and Family Psychology at the University of Canterbury. My study is aiming to better understand what it is like for foster carers' when the foster children in their care receive planned respite care. I would like to learn about carers personal experiences, as well as how they think it may affect their lives and the lives of foster children who receive respite care.

I am currently looking for foster carers who may be able to participate in my study. Foster carers who are suitable for my study must be fostering, or have previously fostered, children that received planned respite care. These carers must have experienced respite care with at least two different children that are not related to them.

If you decide to participate, this will involve an interview that will last up to an hour long. You can decide whether you would like this interview to occur at the University or a convenient public place and we will decide on a time that suits you. During this interview you will be asked broad questions about your experiences and views of respite care as a foster carer. You will not be asked about a specific child, and instead I would like to hear your experiences more generally. Throughout the interview you are able to refuse to answer questions and are able to withdraw from the study at any time. Also, if you do chose to participate you will be provided with a \$30 petrol voucher as a small gift to show my appreciation for your involvement.

All the information provided in the interview will be kept confidential. Also the written thesis will not disclose your identity, as your name will be changed and any information that could identify you will be disguised by reporting it more generally or it will not be included.

If you would like to participate, or if you have any questions please contact me by phone or email. If you have any questions or comments that you would rather approach the supervisor of this study about, contact Dr Michael Tarren-Sweeney by email.

Thank you for considering participating in this study.

Anna Brettell (Student researcher): Phone 0273467407 or email akb63@uclive.ac.nz

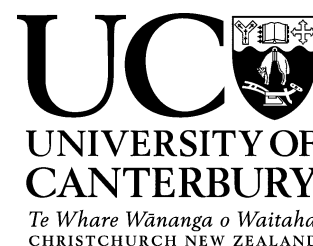
Dr Michael Tarren-Sweeney (Supervisor): Email michael.tarren-sweeney@canterbury.ac.nz

This study has been approved by the University of Canterbury Human Ethics Committee.

Appendix B: Information sheet

Foster carer's perceptions of planned respite care

Research Information Sheet



The purpose of the research study

As part of a Master's qualification in Child and Family Psychology at the University of Canterbury, this research is trying to find out what it is like for foster carers when their foster children use planned respite care. I would like to learn about carers personal experiences, as well as how they think it has an effect on the children who receive respite.

Eligibility

I am recruiting foster carers who are fostering or have previously fostered children that received planned respite care. These carers must have been provided with respite care for two or more children that are not related to them.

Participation

Participation is voluntary, and if you choose to participate you are still able to withdraw from the study at any time before data analysis is underway, and any information relating to you will be removed.

What participation will involve

Participation will involve an interview that will be approximately an hour long. This interview will be audio recorded so that it can be transcribed accurately at a later time. During this interview you will be asked broad questions about your experiences and views of respite care as a foster carer. You will not be asked about a specific child, and instead I would like to hear your experiences more generally. Throughout the interview you are able to refuse to answer questions. You are also free to ask any questions throughout the process, and as mentioned you can withdraw from the study at any time until data analysis begins. To ensure that I accurately record the responses you make in the interview, a

full transcription of everything that is said during the interview will be sent to you so that you can read it and make any clarifications or changes.

Confidentiality of information provided

I will ensure confidentiality of information about participants and interview content at all stages of the research process. The recorded interviews and any other information provided will be kept in locked storage at the University of Canterbury or on password protected computers. This will be destroyed after submission of the thesis. Only I, the researcher, will know your identity and pseudonyms will be used when writing up the thesis.

How information from the interviews will be used

The information provided in the interviews will be written up as a Master's thesis to describe patterns in the experiences and perceptions of participating foster carers. This will then be available online through the University of Canterbury Library Database. Participants can be sent copies of the completed thesis if requested.

Seeking assistance through professional services

When describing fostering experiences during the interview, if any emotive content comes up or if the participants feel as though they would like extra support in their caregiving role, the following are some agencies and services that could be approached regarding professional support or counselling:

- Petersgate Counselling Centre, for counselling. Website - <http://www.petersgate.org.nz>, Phone - 03 343 3391
- Methodist Mission, for home-based support for CYF caregivers. Email - roz@mmsi.org.nz Phone – 03 3751466
- Methodist Mission, for support programmes for children experiencing change or transitions. Email – tineke@mmsi.org.nz. Phone – 3751470 ext. 844.
- Family Works through Presbyterian support. Phone - 366 5472. Website – <https://uppersouthisland.familyworks.org.nz/>

If you have any questions about this study feel free to contact either my supervisor or myself (the researcher). If you have any complaints please firstly contact my supervisor, or Lindsey MacDonald, the chair of the UC Human Ethics Committee. See below for contact details.

Researcher: Anna Brettell (Masters of Child and Family Psychology student)

Phone: 0273467407

Email: akb63@uclive.ac.nz

Supervisor: Dr Michael Tarren-Sweeney (Assoc. Professor)

Email: michael.tarren-sweeney@canterbury.ac.nz

This study has been approved by the University of Canterbury Human Ethics Committee.

Chair: Lindsey MacDonald

Address: Private Bag 4800, CHRISTCHURCH

Phone: 3642390

Email: lindsey.macdonald@canterbury.ac.nz

Appendix C: Consent form

Foster carers' perceptions and experiences of planned respite care



I have read the information sheet and have had an opportunity to ask questions about the study.

I understand what is required of me if I take part in this research.

I understand that my participation is voluntary and I can withdraw from the study at any time without penalty until data analysis is underway, with the removal of any information I have given.

I understand that any information I give will be kept strictly confidential and will only be used for the purpose of this study. I also understand that the written report will use pseudonyms so that I will not be able to be identified.

I understand that all information gathered in the interview will be securely stored in a locked filing cabinet, and any information on computer will be password protected. I understand that after 5 years this information will be destroyed.

I understand that I can contact the researcher or supervisor at any time to ask any questions I may have.

By signing below, I agree to participate in the research study described in the information sheet.

Name: _____

Signature: _____

Date: _____

This study has been reviewed and approved by the University of Canterbury Human Ethics Committee.

Appendix D: Ethics approval letter



HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2013/38

13 May 2013

Anna Brettell
Department of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Anna

The Human Ethics Committee advises that your research proposal "Foster carers' perceptions of the psychosocial effects of planned respite care for foster children and their caregivers" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 10 May 2013.

Best wishes for your project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. MacDonald'.

Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee